

Spot-on Incoming Services



STAGE ONE: DEALER/CUSTOMER INFORMATION

Company Name: _____ Contact Name: _____
Address: _____
Contacts Numbers: _____ Mobile: _____ Fax: _____
Email Address: (if possible) _____

STAGE TWO: PRODUCT INFORMATION

Product:
Rotary Laser: Fixed Beam: Angle Measuring: Theodolite:
Optical Level: Distances Measuring: Other:
Brand: _____ Model: _____ Serial #: _____

Accessories:	Brand:	Serial #	IN	OUT	
Receiver:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Remote:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Plumb Bob:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Quote: <input type="checkbox"/>
Clamp:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Glasses:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Clean & Cal: <input type="checkbox"/>
Target:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Batteries:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Repair: <input type="checkbox"/>
Vertical Mount:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Wall Mount:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Warranty*: <input type="checkbox"/>
Charger:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	

STAGE THREE: MORE INFORMATION

1. What is the problem with your product? _____

2. Has the unit been subjected to impact/shock or exposed to condition outside of the manufactures specifications? i.e. weather _____

CUSTOMER SIGN: _____ DATE: _____

Please send your product to:

SPOT-ON INTERNATIONAL (Aust) Pty Ltd

501 Bellarine Hwy Moolap VIC 3221 (PO Box 2272 Geelong VIC 3220)

Send by Courier or Australia Post (recommended that you send by Registered Post). Please ensure that your product is securely packaged in a cardboard box.

Ph: 03 5250 6195

Fax: 03 5250 5921

A.B.N.: 14 124 220 159

*Warranty repairs at Spot-on International (Aust) Pty Ltd discretion