

ORGANISATION: _____ DATE: _____

ADDRESS: _____

STATE: _____ POSTCODE: _____

PHONE (MAIN): _____

CONTACT INFORMATION

FIRST NAME: _____ LAST NAME: _____

POSITION: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

SCOREBOARD or ITEM TYPE

MAKE-

CONNECTION-

MODEL-

BUTTONS-

FAULT-

DAMAGE-

DISPLAY-

WIRING-

SOFTWARE UPGRADE-

STICKERS-

COMMENTS ABOUT THE CONSOLE REPAIR-

: _____

: _____

Please give a full discription of your item fault or repair requirements. Please print and send a copy of this with all repairs. Send to – Unit 2, 55 Plymouth Rd, Wingfield, SA, 5013.

Office use only-Entered in Data Base: