



FOX Machine Repair Form

Before completing this form please read our terms and conditions

A unique reference number will be sent to you upon completion of this form and must be clearly marked on ALL paperwork and the outside of any cartons.

FR

Date:

Supplier Name:

Address:

Postcode:

Contact Name:

Tel No:

Your details (as the end user) for Collection/Return if applicable.

Name:

Address:

Postcode:

Contact Name:

Tel No:

Product Details:

Brand Name:

Model Number:

Serial Number:

(if applicable)

Date Purchased:

A COPY OF YOUR PROOF OF PURCHASE IS REQUIRED BEFORE ANY WORK IS CARRIED OUT

Please describe as clearly as possible the fault with this item:

.....
.....
.....

Do you consider this a warranty defect: Yes / No

When will your item be ready for collection?

(We would always contact you first before collecting to agree a suitable date.)

IMPORTANT: Please ensure that your machine is well packaged as we DO NOT cover for any damage in transit. If any parts are damaged in transit these will be chargeable.

I have read and agreed to the Terms and Conditions

Signed:

Date:

Please email back completed form to sales@darttoolgroup.co.uk or fax to 01592 654854