



CAMERA REPAIRS

Customer Work Order

Please complete this work order & enclose with your equipment

SURNAME: _____ GIVEN NAME _____

ADDRESS _____

_____ Post Code _____

PHONE (daytime) _____ MOBILE: _____ FAX _____

E-mail _____

(Please tick one box)

ESTIMATE REQUIRED **Service fee enclosed to avoid delay**

WARRANTY REPAIR (Please enclose Copy of Proof of purchase/ Warranty card)

URGENT Charge repair no Estimate needed - REQUIRED BY _____

EQUIPMENT Enclosed:

MAKE & MODEL _____

Serial Number _____ (used for enquiries) **Date Sent** _____

FAULT FOR REPAIR (Please detail)

-----*Tear off bottom portion below for mailing Address label*-----



To:-

Anderson Camera Repairs

14 Merritt Street,
CAPALABA, Brisbane. Q'ld 4157