



REPAIR AUTHORISATION FORM

DATE: ____/____/2009

VIVO REPAIR No: _____
CUSTOMER REF. No _____

Please tick one:
STORE STOCK
CUSTOMER REPAIR
DOA**

COMPANY NAME: _____

ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

CONTACT: _____ PHONE: _____ FAX: _____ E-MAIL _____

Qty	Product Code	Serial Number	Date of Purchase	Fault Description	VIVO Invoice#

ALL THE ACCESSORIES MUST BE RETURNED WITH THE UNIT. IN SIGNING THIS FORM YOU ACKNOWLEDGE THIS CLAUSE

IMPORTANT: PLEASE READ CAREFULLY

1. Please email this form completed to service@vi-vo.com or Fax it back with related proof of purchase to 02 9181 4480.
2. No shipment accepted without repair number clearly labeled on Packaging.
3. Warranty void if goods have been tampered with.
4. Issue of repair number is not an acceptance for Credit or Replacement.
5. Goods found not to be faulty will be subject to a Service Charge.
6. ** DOA Claims must show our Invoice Number and must be reported within 7 days from date of Purchase.
7. Goods must be returned within 10 days, or the repair number is revoked And goods will no longer be accepted.
8. All Products sold by VIVO are covered by a Return to Base Warranty.
9. Expected repair time of products is depending on the availability of stock and the accuracy of information provided on this form.
10. Freight Charges:
Returns to VIVO - Customer Pay
Returns to Customer – VIVO to Pay
11. If the goods are out of warranty we will issue a quote and our service department will contact you as soon as possible.
12. If “no fault” is found a service charge will apply \$55.00 plus freight

Signed: _____ Date: _____

VIVO INTERNATIONAL CORPORATION 175 Victoria Road, Drummoyne NSW 2047
Tel (02) 9181 4402 Fax (02) 9181 4480 Email: service@vi-vo.com www.vi-vo.com