



Finchcorp

— Innovation comes from all directions — **Systems** —

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Return Authorisation Form

Company Name

Date

Venue Name

Contact Name

Address 1

Address 2

Suburb

Postcode

State / Territory

If Other, please specify

Contact Phone No.

Email Address

Equipment Details

Model Number

Serial Number

Fault Description

(please be as specific as possible)

Can the problem be reproduced?

☐

Yes, Every time

☐

Yes, Sometimes

☐

No, I can't get it to happen again

Finchcorp - Office Use Only

R.A. Number

Supplied loaner details

Authorised by: