

DATE

SERVICE REQUEST FORM

Please fill in and sign important note at bottom of page and email to service@elwa.com.au or fax form back to **08 8377 6600**

Supplier name and branch:

Name of person completing this form:

Original order No:

Date of purchase:

Installer company name:

Product model:

Nature of Problem:

Customer name:

Address where product is installed:

Customer contact & Phone number:

Was item installed by a licensed plumber/electrician?

 YES NO

Has the Installer referred to the troubleshooting guide in the installation manual while on site?

 YES NO

IMPORTANT NOTE:

Should the item of this request for service, be proven to not be a Elwa Pty Ltd supplied product, or it is proven to be an installation fault, a call-out fee and labour costs shall be charged to the person making this request.

I agree & accept the above terms
