

FAX

To: F.E.D. (02) 9792 3356

From:

Attn:

Pages: /

Date: / /

F.E.D. Service Request

FED Invoice Number:

Model: _____ Serial Number: _____

Dealer: _____

Date of Purchase: ____ / ____ / ____

Customer Details: _____

Name: _____

Address: _____

Contact: _____

Contact Number: _____

Nature of Fault: _____

Preferred Technician (if any):
