

DATE \_\_\_ / \_\_\_ / \_\_\_

# SERVICE REQUEST FORM

Please read and sign important note at bottom of page  
and fax form back to **08 8353 4042** or email to **service@elwa.com.au**

Supplier/Store: \_\_\_\_\_

Branch: \_\_\_\_\_

Name of person  
completing this form: \_\_\_\_\_

Original order No: \_\_\_\_\_

Date of purchase: \_\_\_\_\_

Product name \_\_\_\_\_

Product model: \_\_\_\_\_

Nature of Problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Customer name: \_\_\_\_\_

Address where  
product is installed: \_\_\_\_\_

Customer

Phone number: \_\_\_\_\_

Was item installed by  
a licensed plumber?  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 (Signature) \_\_\_\_\_

(Full Name in Print)