

REPAIR INFORMATION FORM

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|---|--|-------------------------------|-----|
| DEALERSHIP CODE: | | DATE: | / / |
| DEALER NAME: | | | |
| DELIVERY ADDRESS: | | | |
| | | | |
| SUBURB: | | POSTCODE: | |
| | | | |
| PHONE: Please include area code | | FAX: Please include area code | |
| CONTACT NAME: | | ORDER NO: | |
| | | | |
| VEHICLE MODEL: | | CLASS: | |
| COMPLETE VIN NO: | | | |
| REGO: | | ODOMETER: | |
| DATE OF PURCHASE / INSTALLATION: | | | |
| UNIT MODEL NO: | | | |
| CUSTOMER PART NO: (if applicable) | | | |
| SERIAL NO: (9 or 10 digits) | | | |
| | | | |
| CUSTOMER COMPLAINT: | | | |
| | | | |
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| <p>PLEASE NOTE: RETURN FAULTY EQUIPMENT ONLY PLEASE REMOVE AND RETAIN BRACKETS, SCREWS AND WIRING HARNESSSES (DO NOT RETURN THESE ITEMS)</p> | | | |



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