## **OUT OF WARRANTY REPAIR REQUEST FORM**



**IMPORTANT:** Please complete sections 1, 2 and 3 below in as much detail as possible to help us understand the problem with the equipment and return to: **SUPPORT@IPEC.CO.UK** 

Please note that IPEC operates a Standard Assessment Fee for out of warranty products covers evaluation of the product, general repairs and recalibration of the unit. Major repair work may not be covered by IPEC's Standard Assessment Fee. In the event of additional repair charges, you will be consulted prior to the work being carried out. For further details please refer to IPEC's Terms and Conditions for Out of Warranty Repair, Maintenance and Servicing at www.ipec.co.uk/support.

1	CUSTOMER DETA	ILS		
	Company Name:			
	Delivery Address:			
	Postal Code:			
	Contact Name:			
	Telephone Number:		Extension:	
	Email:		· ·	
		_		
2	PRODUCT DETAIL	<u> </u>		
	Product Name(s):			
	Product Code(s):	If available		
	Purchase From:			
	Date of Purchase:	D D / M M / Y Y Y		
	Serial Number(s):			
		If any idia and third and the said and the s	_	
3	FAULT DETAILS	If providing multiple serial numbers, please ensure clear spacing	g	
	Date of Fault:	D D / M M / Y Y Y		
	Nature of Fault:			
	Nature of Fault.			

Please provide as much detail as possible to help us understand the problem with your equipment If required use overleaf.

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Additional Information:	

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5	OFFICE USE O	NLY							
	RAN Number:								
Application Received:		D D	/	ММ	/	YYYY			
SA Fee Received:		D D	/	M	/	Y Y Y Y			
Fault Covered by SA:		Yes		No		If Yes, skip to Assigned Owner			
Estimated Repair Cost:						GBP			
Repair Fee Agreed:		D D	/	M	/	Y Y Y Y			
Assigned Owner:									
F	Repair Summary:								
		Detail of actions taken. Please attach all supporting documents, test reports, emails, etc. and sign off							
F	Repair Complete:	Signature				Date: D D / M M / Y Y Y	Υ		
	Sign Off:						Υ		
_			nplet		∕lanag 1	ger and logged on database			
	stomer Notified:	D D	/	ММ	] / 1	YYYY			
Sh	ipped/Collected:	D D	/	M	/	Y Y Y Y			