
REDCAPE LTD
PRODUCT SERVICE / REPAIR FORM

Affix business card or complete the following

BUSINESS NAME - _____	CONTACT NAME _____
ADDRESS - _____	
_____	POSTCODE _____
TELE NUMBER - _____	
DATE / /	

MUST BE COMPLETED

PRODUCT	Serial Number (if applicable)
Notes - Additional Information IE Standard service and anything specific requires attention.	

PLEASE ENSURE THE ITEM IS SAFELY PACKED AND ENCLOSE THIS FORM

Redcape Ltd
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