

AIR-CONDITIOING SERVICE REQUEST FORM

Ple	ase return this completed form to:
Phone:	03 9765 8836 (Direct Line)
Email:	service.ac@hisense.com
	Incomplete forms will be returned

NOTE: This form is editable. Please click in each box to fill out Use hyperlink email address to send

Company Requesting Warranty Service*

Company Name:	Address:		
Contact: Sta	te: Postcode: Date://		
Phone No:	Email Address:		
End User Details: Domestic 🗆	Commercial (Please tick the appropriate box)		
	Phone No:		
(Both Required) Breakdown Address:	State: Postcode:		
Suburb: Ema	nil:		
Unit Details:			
Model No. Outdoor:	Serial No:		
Model No. Indoor: Serial No:			
Hisense Invoice Number:			
Date of Install:// Installer:			
Fault Description:			
Parts required:			
Location of Equipment:	EVAP. (accessible)		
Are anchor points available?	COND (on ground)(on roof)YESNO		
 Request approval prior to carrying out any repairs Charge Installer 			
 Do not proceed with any further repairs Consult any charges with end user 			

5. Please Note

- * If evaporator, condenser or any componentry is inaccessible, charges will be applied for excess time on site.
- * Travel outside metropolitan areas can occur charges
- * Installation faults are chargeable back to customer or installer.