



# Russell Fraser Sales Pty Ltd

**Unit 10 / 1-11 Burns Rd  
Heathcote NSW 2233  
Australia**

## INSTRUMENT FOR REPAIR/CALIBRATION

Business Name:		Date:    /    /
Address:		
Contact Name:	Telephone:	
Purchase Order No.	Email:	
Instrument:	Serial Number / Numbers:	
Repair/Calibration Required: (If repair required, fully describe fault)		
Is This Repair Under Warranty?		
Yes	No	
Date Purchased If Known:		
Do You Require A Quote Before Any Work?		
Yes	No	
FOR RFS OFFICE USE ONLY:		Date Instrument Received:
Repair Technician:		Sales Order No.
Repair Comments:		
Customer Notified/Quoted:		Quote No.
Yes	No	

Please print this page, and include a completed copy with the items being returned for calibration / repair.

Items should be sent to 10 / 1-11 Burns Rd, Heathcote, NSW 2233