



REPAIR RETURN FORM

CUSTOMER DETAILS

Customer Name []	Contact Name []	E-mail []	
Billing Address (If different from Shipping Address) [] [] []		Shipping Address [] [] []	
Customer Reference []	Date []	Phone []	Fax []

PRODUCT /FAILURE DESCRIPTION: (Please check the option below which best describes the failure that you are experiencing.)

Serial Number []	Product Number []	Accessories Sent ? Please specify: []
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|--|---|---|---|
| 1 <input type="checkbox"/> BATTERY PROBLEM | 24 <input type="checkbox"/> DAMAGE PROBLEM | 46 <input type="checkbox"/> KEYBOARD PROBLEM | 67 <input type="checkbox"/> POWER PROBLEM |
| 2 <input type="checkbox"/> Backup | 25 <input type="checkbox"/> Antenna | 47 <input type="checkbox"/> Keys not functional | 68 <input type="checkbox"/> Intermittent |
| 3 <input type="checkbox"/> Damage | 26 <input type="checkbox"/> Antenna Mount | 48 <input type="checkbox"/> Missing keys | 69 <input type="checkbox"/> Won't power up |
| 4 <input type="checkbox"/> Drain problem | 27 <input type="checkbox"/> By water | 49 <input type="checkbox"/> Overlay | |
| 5 <input type="checkbox"/> Heating up | 28 <input type="checkbox"/> Case / housing | 50 <input type="checkbox"/> Sticking keys | 70 <input type="checkbox"/> RESET PROBLEM |
| 6 <input type="checkbox"/> Won't charge | 29 <input type="checkbox"/> Connector | 51 <input type="checkbox"/> Worn keys | 71 <input type="checkbox"/> Won't reset |
| 7 <input type="checkbox"/> Won't hold charge | 30 <input type="checkbox"/> End cap | | 72 <input type="checkbox"/> Intermittent |
| | 31 <input type="checkbox"/> Handle | 52 <input type="checkbox"/> LASER PROBLEM | |
| 8 <input type="checkbox"/> CABLE PROBLEM | 32 <input type="checkbox"/> Internal / loose parts | 53 <input type="checkbox"/> Alignment / beam size | 73 <input type="checkbox"/> SETUP PROBLEM |
| 9 <input type="checkbox"/> Connector | 33 <input type="checkbox"/> Trigger | 54 <input type="checkbox"/> Intermittent | |
| 10 <input type="checkbox"/> Cut/pinched | 34 <input type="checkbox"/> Window / lens | 55 <input type="checkbox"/> No beam / faint beam | 74 <input type="checkbox"/> SOFTWARE PROBLEM |
| 11 <input type="checkbox"/> Intermittent | | 56 <input type="checkbox"/> No decode | 75 <input type="checkbox"/> Application problem |
| 12 <input type="checkbox"/> Loose | 35 <input type="checkbox"/> DISK PROBLEMS | 57 <input type="checkbox"/> LED PROBLEM | 76 <input type="checkbox"/> Configuration issues |
| 13 <input type="checkbox"/> Worn | | | 77 <input type="checkbox"/> Does not load |
| | 36 <input type="checkbox"/> DISPLAY PROBLEMS | 58 <input type="checkbox"/> LOCKUP PROBLEM | 78 <input type="checkbox"/> Error |
| 14 <input type="checkbox"/> CHARGER PROBLEM | 37 <input type="checkbox"/> Backlight | | 79 <input type="checkbox"/> Revision / version |
| | 38 <input type="checkbox"/> Cracked | 59 <input type="checkbox"/> MEMORY PROBLEM | 80 <input type="checkbox"/> SYSTEM PROBLEM |
| 15 <input type="checkbox"/> COMMUNICATION PROBLEM | 39 <input type="checkbox"/> Does not display | 60 <input type="checkbox"/> Error | 81 <input type="checkbox"/> Crashes |
| 16 <input type="checkbox"/> Interface | 40 <input type="checkbox"/> Faint / contrast | 61 <input type="checkbox"/> Full / insufficient | 82 <input type="checkbox"/> Error |
| 17 <input type="checkbox"/> Intermittent | 41 <input type="checkbox"/> Lines | 62 <input type="checkbox"/> PRINTER PROBLEM | 83 <input type="checkbox"/> Interface |
| 18 <input type="checkbox"/> Modem | 42 <input type="checkbox"/> Missing characters | 63 <input type="checkbox"/> Cable | 84 <input type="checkbox"/> Network |
| 19 <input type="checkbox"/> Optical | 43 <input type="checkbox"/> Touch panel | 64 <input type="checkbox"/> Head problem | 85 <input type="checkbox"/> PHONE PROBLEM |
| 20 <input type="checkbox"/> PCMCIA | | 65 <input type="checkbox"/> Journal / tapes / slip | 86 <input type="checkbox"/> WAND PROBLEM |
| 21 <input type="checkbox"/> Printer | 44 <input type="checkbox"/> ERROR RECEIVED | 66 <input type="checkbox"/> Printing quality | |
| 22 <input type="checkbox"/> Range/coverage | 45 <input type="checkbox"/> Message _____ | | |
| 23 <input type="checkbox"/> RF/radio | | | |

Please provide any additional detail regarding your failure (if none of the above descriptions apply):

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[]

REPAIR TYPE & CHARGES (Please make selection below)

Repair Type	Is a Repair Quotation Required? (Tick one)
Contract	NO <input type="checkbox"/> This unit is covered for the failure that occurred
	YES <input type="checkbox"/> This unit is not listed under our contract
	YES <input type="checkbox"/> Repair is not covered due to nature of failure
Warranty	NO <input type="checkbox"/> *Please repair manufacture defect only *Do not refurbish, replace plastics etc
	YES <input type="checkbox"/> Please quote me for refurbishment
Upgrade	YES <input type="checkbox"/> Upgrade requirements detailed in Fault Description field
Flat Rate Repair	YES <input type="checkbox"/> Unit is not covered by contract or warranty

Repair Charges	Please complete	
FLAT RATE REPAIR	<input type="checkbox"/>	\$ -
Priority 1 Day (extra \$159.50 inc.GST)	<input type="checkbox"/>	\$ -
OR Priority 3 Day (extra \$93.50 inc.GST)	<input type="checkbox"/>	\$ -
Total (inc.GST)		\$ -
Purchase Order #		[]
(Please attach Purchase Order)		

BILLING DETAILS

This form is to be enclosed with each faulty unit and sent to:
Symbol Technologies Service Centre, Ground Floor, 432 St Kilda Road, Melbourne, VIC 3004

SYMBOL TECHNOLOGIES PTY.LTD. - A.B.N. 69 002 626 057
 Support Centre - Tel: 1800 672 906 Fax:(61-3) 9862 7003
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