

# TOOL REPAIR SERVICE FORM

Date

Field Service Centre & Address for the tool to be returned to

Purchase Order Number

**DELIVER TO: TEN Group**

**QLD Workshop**  
2B, 605 Zillmere Road  
ZILLMERE QLD 4034  
P: 07 3212 8999

[workshopservice@tengroup.com.au](mailto:workshopservice@tengroup.com.au)

**WA Workshop**  
4/15 Baile Road  
CANNING VALE WA 6155  
P: 08 9455 5574

[workshopservice@tengroup.com.au](mailto:workshopservice@tengroup.com.au)

Name of Person Requesting Repair

Contact Phone Number

Email Address

(\* Note: A quote will be sent to this email address for approval prior to repair)

**CONTENTS OF GOODS SENT TO TEN FOR REPAIR**

|                 |                      |
|-----------------|----------------------|
| Case            | <input type="text"/> |
| Tool            | <input type="text"/> |
| Manufacturer    | <input type="text"/> |
| Battery Charger | <input type="text"/> |

**SERVICE REQUIRED**

|                 |                                        |
|-----------------|----------------------------------------|
| Regular Service | <input type="text"/>                   |
| Damaged Tool    | <input type="text"/>                   |
| Warranty Repair | <input type="text"/>                   |
|                 | (* Proof of purchase must be supplied) |
| Other           | <input type="text"/>                   |

Tool Serial Number

Brief Description of Tool Failure or Service Required



**PLEASE REMOVE  
BATTERY FROM TOOL  
BEFORE SHIPPING**

**PLEASE SAVE A COPY OF THIS FORM FOR YOUR RECORDS  
AND PRINT A COPY TO SEND WITH YOUR TOOL**

Print Form