



**Customer Repair Request Form**

Phone: 0800 722 648

Fax: 09 262 2557

<b>Date Sent to Ansutek:</b>
<b>Order Number:</b>
<b>Company Name:</b>
<b>Address:</b>
<b>Phone:</b>
<b>Fax:</b>
<b>Contact Name:</b>
<b>DDI or Mobile:</b>
<b>Fault Description:</b>
<b>Return Address:</b>
<b>Method of Return:</b> <input type="checkbox"/> <b>Collect</b> <input type="checkbox"/> <b>Courier</b>

*\* Office Use Only*

<b>Date of Arrival</b>
<b>Repaired by</b>
<b>Invoice Number</b>
<b>Parts Used</b>
<b>Duration of Repair</b>
<b>Date Returned to Customer</b>
<b>Courier Ticket No.</b>
<b>AyaNova Work Order Number</b>

Please attach copy of packing slip and use the attached address label

***Thank you for your business!***

## Address Label

**Attn: Ansutek Service Department  
Unit A1  
710 Great South Road  
Manukau City  
Auckland  
New Zealand**