Mobi Repair Form

Company Name:		
	Postcode:	
Phone Number:		
Email Address:		
Customer Order No.:	Mobicomm Job No.:	
Warranty Yes	No	
Model No.:	Serial No.:	
Quote for Repair:	Please go ahead with repairs up	to \$200 + GST
	l acknowledge that a \$100 + GST Assessme	ent fee is required before commencement
Please complete the followin Accessories included with un	ng details to enable expedient return of nit:	f your equipment:
Antenna	Belt Clip	Charger
Battery	Accessory Cover	Mic Model:
Other:		
Please tick one or more of th	ne following that best describe the fault	t with this unit:
Housing/Casing	🗌 No Tx/Tx Audio	🗌 No Rx/Rx Audio
Keypad	Intermittent Tx/Tx Audio	Intermittent Rx/Rx Audio
Knobs/Buttons/Switches		Poor Rx Sensitivity
Notes:		
total cost of the repair exceeds \$200 -	from date of issue. If the quotation is declined or not	
Signed:	Date://	Assessment Fee Received
	icomm Limited I 0800 947 426 I www.n ead Office: 36 Duke Street, Frankton, H	

Waikato I Auckland I Northland