

Repair Request-Post In Form

Date		
+ + + + + + + + + + + + + + + + + + + +		
	ONTACT INFORMATION:	
Full Name:		
Preferred Contact Number:		
Email:		
+ + + + + + + + + + + + + + + + + + + +		
	DEVICE DETAILS:	
Device Brand and Model:		
Password or Pattern		
Describe the problem in as many words as possible:		
werde de peccióne.		
	DETURN ADDRESS	
	RETURN ADDRESS	
Full Name		
Street Address		
Suburb		
Postcode		
TERMS & CONDITIONS		
I agree to the Terms & Conditions of the		
repair as detailed at http://www.gadgetsmaster.com.au/terms-		
conditions/		

PLEASE FILL AND POST THIS FORM TO ONE OF OUR BRANCHES:

GadgetsMaster Subiaco 1 / 162 Rokeby Road Subiaco WA 6008

Ph: 9381 5225

Please do not include any form of payment in the package. We will contact you for any quote or payment once we receive the device.

Thanks for using GadgetsMaster for your repair!