



Phone: 0800 707027 - Fax: 09 262 2557

Customer Repair Request Form

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

** Office Use Only*

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

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

Thank you for your business!

Address Label

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