



RA# _____

PARROT RETURN FOR REPAIR FORM

Digital Logistics Service Dept Ph : 09-571 3375 Email : service@digitallogistics.co.nz

DEALER	
ADDRESS	

DATE	/ /
CUST REF #	
CONTACT	
PHONE	()
FAX	()
EMAIL	

IF THE PRODUCT IS TO BE SENT BACK DIRECTLY TO THE CUSTOMER PLEASE ADVISE THE CONTACT DETAILS BELOW

CUSTOMER NAME	
ADDRESS	

PRODUCT DETAILS

PRODUCT CODE	PRODUCT DESCRIPTION	SERIAL #

PHONE DETAILS

PHONE MAKE	PHONE MODEL	SOFTWARE VERSION	OTHER REMARKS

PRODUCT ORIGINALLY PURCHASED FROM

NAME			
DATE PURCHASED	DAY	MONTH	YEAR
WARRANTY PERIOD	12 Month		OR
			CERTIFIED INSTALL #

Proof of Purchase MUST be supplied for ALL Warranty Claims

PRODUCT ORIGINALLY INSTALLED BY

NAME			
DATE INSTALLED	DAY	MONTH	YEAR
WARRANTY PERIOD	12 Month		OR
			CERTIFIED INSTALL #

DETAIL OF FAULT

Please complete this form in FULL and return with faulty product to the STREET address below
ALL Certified Install product MUST be supplied with the original Certified label attached

Authorised Customer _____
(Please Print Name Clearly)

Signed _____

DIGITAL LOGISTICS GROUP LIMITED

P O Box 204284 Highbrook 2161 Auckland New Zealand
65A Cryers Road East Tamaki 2013 Auckland New Zealand
 Phone 09-571 3375 Fax 09-571 3376 Email service@digitallogistics.co.nz

www.digitallogistics.co.nz

Please note this form is electronic and can be filled in Excel or by Hand
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