

Bio-Strategy Service Request Form

Please return via email to service.au@bio-strategy.com Technical services: 1800 00 84 53

PURCHASE ORDER INFORMATION **Minimum purchase order value for engineer call out \$545**			
Order Number for Repair			
A PO numb	l per is mandatory for all Australian Health	Services and Universities to facilitate invoice p	ayment through your accounts department.
Credit Card Details - Name			
Card Number / Exp Date			
Card Type - VISA / AMEX / MC			
When paying by credit card, please complete this section. Credit Card will not be charged until the service job is complete. Account Payable Details (Central Purchasing)			
Institute (Comment	Account r ayab	ic Details (Octilial Farenasing	9)
Institute /Company			
Department Postal Address			
Suburb/State/Postcode			
Contact Name			
Telephone & Email USER CONTACT DETAILS			
Institute /Company			
Department			
Street Address			
Building/Room			
Suburb/State/Postcode			
Contact Name			
Telephone & Email			
INSTRUMENT DETAILS & PHYSICAL LOCATION			
Instrument Type			
Model Number			
Serial Number			
Location of Equipment			
Warranty Status		Date of Purchase	
Is Equipment under contract ?	050/46	Contract Number	
SERVICE REQUEST DETAILS			
Fault Description			
D.1(D)		Duft and Control Date	
Date of Request		Preferred Service Date	
If service job was quoted,			
Who was the Bio-Strategy contact who provided the			
quote?			
WHEN SENDING EQUIPMENT BACK TO A BIO-STRATEGY WORKSHOP A DECONTAMINATION CERTIFICATE WILL BE REQUIRED TO BE COMPLETED			
AND SIGNED PRIOR TO BEING SHIPPED TO BIO-STRATEGY			
	**All equipment returns need to be	accompanied by a signed decontamination ce	ertificate by the customer **
If you have any questions regarding the completion of this form, please contact Bio-Strategy Technical Service on 1800 00 84 53			
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