

PowerLite Repair Authorisation

• Please complete and send with your PowerLite to EVDS

CUSTOMER INFORMATION

Date:	Vet's Name:
Clinic Name:	
Address:	
Ph Number:	Fax:
Email	
POWERLITE	REPAIR INFORMATION
PowerLite Quant	ity:
Please clearly ex	plain the problem you are having with your PowerLite:
T lease clearly ex	
PLE	ASE ALLOW 7 BUSINESS DAYS FOR SERVICES/REPAIRS + Freight time.
Date Received	
Parts Received	
Notes re Inven	
Date Sent to Re	epairs and
Spares	:
Date Returned	from

 Repairs and Spares
 ______Tested by:______Test Result:______

Date Returned to Client

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