



## SATO Repair Authorisation Form

Dear Customer,

In order for Technical Services to provide prompt service for your equipment, please complete and sign the following form, ensuring there is one for each unit and return to:

SATO New Zealand, or email to [SERVICE@SATONZEALAND.COM](mailto:SERVICE@SATONZEALAND.COM)

30 Apollo Drive,

Mairangi Bay,

PO Box 305-031,

Auckland

### CUSTOMER DETAILS

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Branch: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Return Address: \_\_\_\_\_  
 \* E-Mail Address: \_\_\_\_\_ Phone/Extension: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Please note we prefer to acknowledge receipt of goods, send quotes and update you on progress via email, therefore please provide your email address to facilitate this.*

### PRODUCT DETAILS

Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_  
 Accessories Supplied: Battery: \_\_\_\_\_ Aerial: \_\_\_\_\_ Handstrap: \_\_\_\_\_ Case: \_\_\_\_\_ Labels: \_\_\_\_\_ Ribbon: \_\_\_\_\_  
 Data Cable: \_\_\_\_\_ Power Cord: \_\_\_\_\_ Power Supply: \_\_\_\_\_  
 Fault Description:  
 Intermittent/  
 Consistent  
 Special  
 Requirements: \_\_\_\_\_  
 Quote required? YES / NO Method of Quote: Email: \_\_\_\_\_ Voice: \_\_\_\_\_  
 Other(specify): \_\_\_\_\_  
 P/O Number: \_\_\_\_\_ SLA: \_\_\_\_\_ YES / NO  
 Warranty Repair? YES / NO

I approve that there will be minimum assessment fee of **\$115.00** applicable should repair of unit not be carried out.  
 Disclaimer: SATO and/or Walker Datavision will not be held liable for any data that may be lost during repair of items lost or damaged during transit. Unless prior arrangements made, quotes that have not been acknowledged within 14 working days of diagnosis, will be returned and invoiced with the minimum base assessment fee. Subject to SATO and/or Walker Datavision's standard terms and conditions.

Signature: \_\_\_\_\_