



NSW Office & Warehouse:
8 Pike St Rydalmere
NSW 2116

(02) 9877 8200
sales@toolfix.com.au

ABN. 52 478 258 359

VIC Warehouse:
13 Birkett Pl South Geelong
VIC 3220

Postal Address:
PO Box 1005 Meadowbank
NSW 2114

TOOL SERVICE / REPAIR FORM

Trading Name		ABN	
Contact Name*		Email Address*	
Contact Phone Number*		Delivery (Return) Address*	
Service Type* (please circle)			
Assess & quote	Repair	Warranty Claim (A warranty claim form also needs to be completed)	
Tool/ Brand*		Model Number or Name*	
Serial Number (if applicable)		Date Purchased	

Problem with tool*

Terms & Conditions of Repair / Service

- Tools must be picked up within 4 weeks of notification that the repaired tool is ready, otherwise the tool may be sold or disposed of by Toolfix to recover costs.
- Tools that have been assessed and quoted but NOT repaired will be returned dismantled. If re-assembling is required a fee will be charged.
- A quotation fee of \$30 + GST applies to all non-account (COD) customers. And this fee may be charged at Toolfix's discretion to account customers.
- There will be an assessment fee charged for assessed tools not repaired, not covered by the manufacturer's warranty, parts warranty or where there is no fault found.
- Warranty on parts replaced is 90 days from invoice date.
- Minimum repair charge is \$45.00 + GST
- A urgent fee of \$50 will be charged if assessment is required with 1 business day.
- Pick up / freight of tool (before and after repair) is the sole responsibility of the customer. Toolfix is not liable should a tool become lost or damaged in transit. Delivery / freight of a repaired tool may be organised by Toolfix for 30 day account customers only.
- Proof of purchase and a completed warranty claim form must be supplied with all warranty repairs prior to commencement of assessment.
- There will be a freight fee charged for all warranty repairs where the tool is required to be sent back to the manufacture for repair.

I _____* have read and agree to the above Terms & Conditions

Signature: _____*

Date: _____*

Please enclose this form with the tool and send to:

**TOOLFIX FASTENERS
8 PIKE ST
RYDALMERE,
NSW, 2116
ATTN SERVICE & REPAIR DEPARTMENT**

TOOLFIX INTERNAL USE

TOOL CHECKED IN BY
(INITIAL)

REPAIR JOB NUMBER