| WARRANTY REGISTRATION FORM | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ABOUT YOU | | | | | | | | | |
| Full Name: | | | | | | | | | |
| Company Name: | | | Company Postcode: | | | | Tel No: | |
| Email: | | | | | | | | | |
| The equipment | | | | | | | | | |
| PRODUCT 1: | Model: | | Serial Number: | | | | Room Location/No: | |
| PRODUCT 2: | Model: | | Serial Number: | | | | Room Location/No: | |
| PRODUCT 3: | Model: | | Serial Number: | | | | Room Location/No: | |
| PRODUCT 4: | Model: | | Serial Number: | | | | Room Location/No: | |
| PRODUCT 5: | Model: | | Serial Number: | | | | Room Location/No: | |
| Equipment Location (Full Address): | | |  | | | | | | |
| REPAIR AUTHORISATION | | | | | | | | | |
| **For Out of Warranty/Chargeable repairs who is responsible for authorizing and paying for the works?** | | | | | | | | | |
| AS ABOVE | | | | SEPARATE ORGANISATION | | | | |
| Organisation Name: | | | | | | | Contact Name: | |
| Phone Number: | | | Email: | | | | | | |
| Are you authorized to instruct Reval to carry out chargeable repairs? (Please circle as appropriate) | | | | | | | YES | NO |
| **Is a Purchase Order Number Required if:** | | | | | | | | |
| The Cost of Parts are under £50.00+VAT (Please circle as appropriate) | | | | | | Authorised to proceed | | Provide Quotation |
| The Cost of Parts are Over £50.00+VAT (Please circle as appropriate) | | | | | | Authorised to proceed | | Provide Quotation |
| To proceed with repairs is a Purchase Order required? (Please circle as appropriate) | | | | | | | YES | NO |
| service agreement Please note this is a requirement to uphold the Warranty of the appliance(s). Proof of servicing may be requested for any repairs to be carried out. | | | | | | | | | |
| **Do you have a routine service inspection in place for the maintenance of your appliance (Please select below) ?** | | | | | | | | | |
| YES | | | | | NO | | | | |
| Provider: | | REVAL | | | OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Would you require a quotation for a Reval Service agreement? | | | | | | YES | | NO | |
| Signatures | | | | | | | | | |
| I authorize the verification of the information provided on this form is correct | | | | | | | | | |
| Signature of applicant: | | | | | | | Date: | |

**Please return your completed form to sales@revalcc.com**