| 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 agreementPlease 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**