

LINCAST REPAIR REQUEST

(Use a separate page for each item to be repaired)

DATE: _____
(dd/mm/yyyy)

COMPANY: _____
(Your company name)

CONTACT NAME: _____
(In case we need to contact you about the repair)

CONTACT TELEPHONE: _____
(Include area code if landline)

EMAIL: _____
(Lincast will email invoice details)

ORDER NUMBER: _____
(Your reference)

RETURN ADDRESS DETAILS: _____
(We will return the item to this location)

ITEM: **CS-200#%**
(Return both Master & Slave) **CS-TRH3**
(wireless R/C* for CS-200) **CS-TRH3 charger**

MC-200
(wired R/C* for CS-200) **CS-200R%**
(2nd lantern control for CS-200) **CS-400#%**

CS-TRH4
(wireless R/C* for CS-400) **MC-400**
(wired R/C* for CS-400) **CS-RP1#**
(Repeater for CS-400)

OTHER ITEM: _____
(Model number) *R/C = Remote Control

Please tick item

SERIAL NUMBER: _____

REPORTED FAULT: _____
(Write as much information as possible to help with a full repair)

#Where glass breakage has occurred, cover the screen with masking tape or equivalent.
% Ensure mounting hardware / brackets are removed prior to shipping.

OFFICE USE ONLY

PURCHASE DATE: _____
dd/mm/yy

LAST REPAIR DATE: _____
dd/mm/yy

INVOICE NUMBER: _____