

# Camera Repair Form

Faulty Camera with Form  
POST TO:  
Parramatta Camera Repairs  
369 Liverpool road,  
Ashfield NSW 2131

## 1. Personal Details *(Print clearly in Capitals)*

Last Name:	
Given Names:	
Address:	
State:	Post Code:
Phone: (    )	Mobile:
E-mail:	

## 2. Repair Category *(tick the box below)*

Digital Compact Camera	Digital SLR Camera	Video Digital Camera	DVD Camera	HD Camera	Film Compact Camera	Film SLR Camera	Lens or Flash
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 3. Camera Details

Brand:	Model:
Serial Number:	

## 4. Accessories *(tick the box below)*

Case	Strap	Lens Cap	Filter	Tape	Film	Battery	Charge	Memory Card	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify other:

Accessory Serial Number:

## 5. Repair Details

Fault(s):

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

## P.T.O. for Repair Details

Payment Details:  Cheque or Money Order

Credit Card:  Bankcard  Mastercard  Visa

Card No:

Card Holder: \_\_\_\_\_ Expire: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_