

Camera Repair Form

Faulty Camera with Form
POST TO: Pixels Plus
45 Willoughby Road,
Crows Nest, NSW, 2065

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 |
|------------------------|--------------------|----------------------|------------|-----------|---------------------|-----------------|---------------|
| | | | | | | | |

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 |
|------|-------|----------|--------|------|------|---------|--------|-------------|-------|
| | | | | | | | | | |

Specify other:

Accessory Serial Number:

5. Repair Details

| |
|-----------|
| Fault(s): |
| |
| |
| |
| |

P.T.O. for Repair Details

| | |
|------------------|---|
| Payment Details: | <input type="checkbox"/> Cheque or Money Order |
| Credit Card: | <input type="checkbox"/> Bankcard <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa |
| Card No: | <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div> |
| Card Holder: | _____ Expire: ____/____ Date: ____/____/____ Signature: _____ |