

Repair Information Form

(Please include this with the drive shipped for repair)

Company Name:

PO Number:

Invoice Address:

Delivery Address:(if different)

Contact Name:

Contact Email Address:

Accounts Contact: (if different)

Accounts Email Address: (for invoicing)

Contact Telephone Number:

Contact Fax Number:

Drive Manufacturer:

Drive Model Number:

Drive Serial Number:

Brief Fault Description:

Ship the drive for repair to:

**Repair Workshop
SQS Ltd
Archway House
49A – 51A George Street
Reading
Berkshire
RG1 7NP**