

**TECHLAB LIMITED
SERVICE CENTRE
FAULT CAPTURE FORM**

Repairs No _____

Catalogue No. _____	Name and Description of product _____	No. Of Units _____
Warranty? Yes / No (please circle)		

Description of fault/damage

School Name _____

Address

Contact Name _____

Telephone _____

Fax _____

Email _____

Quotation Required Y / N (please circle) If more than 40% of new replacement unit

Please pack items carefully to avoid transit damage!

Please call 01978 853555 to arrange collection

Techlab Ltd, Unit 15 Miners Road, Llay industrial Estate, Wrexham. LL12 0PJ

Please affix address labels to each box being returned

Receiver:

**TECHLAB LTD
UNIT 15 MINERS ROAD
LLAY
WREXHAM
LL12 0PJ**

Repair No. _____

Receiver:

**TECHLAB LTD
UNIT 15 MINERS ROAD
LLAY
WREXHAM
LL12 0PJ**

Repair No. _____