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Service Form

Please fill in all the fields below, print and send in with machine. Alternatively, email or fax it in to us at the office.
You will receive a text message or email from the BCF office when your machine has arrived.

General Information

Date Sent ..... **Client Name** .....

Company Name .....

Work Phone ..... **Mobile** .....

Email .....

Return Street Address .....

City/Town ..... **State** ..... **Post Code** .....

Return Shipping Option - Please tick one **Standard** (4-5 business days) ◯ **Express*** (1-2 business days) ◯

*Please note Express Shipping will incur an additional fee.

Service Information

Product Name ..... **General Service -** Please tick one **Yes** ◯ **No** ◯

Fault Description - Please be as detailed as possible .....