



A C Hall Airconditioning PtyLtd ABN 54 061 094 620

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FAX THIS FORM TO (03) 9540 3422

SERVICE REQUEST FORM

Date:

Empty date input box

CUSTOMER DETAILS

Form fields for Customer Details: Company Name, Customer Name, Street Address, Suburb, Contact Ph No, Business No, Mobile, Facsimile

CLIENT DETAILS

Form fields for Client Details: Are you an existing ACHALL service client, Do you have an existing Mechanical Service Contract / Preventative Maintenance Agreement, If yes, with whom

FAULT DETAILS

Form fields for Fault Details: Please outline the fault details, Fault Address, How long have you noticed fault, Fault attention class

CONTACT PREFERENCES

Form fields for Contact Preferences: I prefer to be contacted by, During the following periods, Contact Name (if different to customer details)

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