



Phillro
INDUSTRIES P/L

FLUID TRANSFER & FINISHING SYSTEMS

Claim Number: _____ Job Number: _____ Date: _____

Service Agent: _____ Contact: _____

Service Agent Telephone: _____ Email: _____

Owner's Name: First Name: _____ Surname: _____

Owners Company Name: _____

Owners Address: _____

City: _____ State: _____ Postcode: _____

Owners Telephone Number: _____

Part/Model Number: _____ Fluid Dispensed in Litres: _____

Serial Number: _____ Series Number: _____

Date of Purchase: _____ **Please Attach Copy of Original Invoice**

Service Report (State nature of fault and action required to fix the fault)

Parts Required for Repair (Please hold all used parts in your workshop for 60 Days)

PART NUMBER	QTY	DESCRIPTION

LABOUR HRS _____ AT
\$ _____ P/HR
COST OF FREIGHT \$ _____

**All claims must be sent to Phillro Industries
Customer Service Within 48 hours of receipt of repair
including proof of Purchase.**

Technician Signature: _____

Customer Signature: _____

Office Use Only
Approved by: _____

Date: _____

SALES & SERVICE

www.phillro.com.au

MELBOURNE HEAD OFFICE:
1/265 Wickham Road
Moorabbin VIC 3189
P 1300 503 610
F 03 9532 6080
E info@phillro.com.au

QLD OFFICE:
3/15 Overlord Place
Acacia Ridge QLD 4110
P 1300 503 610
F 07 3273 6007
E infoqld@phillro.com.au

NSW OFFICE:
U 11/33 Nyrang Street
Lidcombe NSW 2141
P 1300 503 610
F 02 9648 6977
E infonsw@phillro.com.au

WA OFFICE:
U 1/5 Opportunity Street
Wangara WA 6065
P 1300 503 610
F 08 9303 2695
E sales@phillro.com.au