

|  | A: 163 Woodp                               | park Rd, Smit  | hfield NSW 2 | 2164   |  |
|--|--|----------------|--------------|--|--|
| Tel: 02 87409354   | Fax: 02 90                                 | 012 0480       | E:           | service@badundkuche.com                                      |  |
|  | Servi                                      | ice Call F     | Request      |  |  |
| Distributor:   |  |                |              |  |  |
| Contact Name:  |  |                |              |  |  |
| Producs Description (Mode  | el):                                       |                |              |  |  |
| Products Issue:  |  |                |              |  |  |
|  |  |                |              |  |  |
| Customer Name:   |  |                |              |  |  |
| Customer Address:  |  |                |              |  |  |
| Contact Number:  |  |                |              |  |  |
| Date of Purchase:  |  | Original R     | Receipt No.  |  |  |
| Please note, for any service the following pressure lin                                |  | items are only | covered und  | er warranry if they fall within                              |  |
| Minimum Pressure: 150k   | <b>CPA</b>                                 |                | Maxim        | um Pressure: 500KPA  |  |
| Australia stanard AS/NS2 pressure at any outlet wit                                    |  |                |              | maximum water supply   |  |
| If proceeding with a servi<br>incur the following credit<br>payable at the time of ser | card charges. A s                          | -              |              | w as any insallation faults may<br>will charge to you and is |  |
| *The pro   | ducts is found to l<br>alled follow the in | •              | installed    |  |  |
|  | d at installation st                       |                |              |  |  |
|  | ıg a fault in manu                         | S              |              |  |  |
| *Product   | s not labeled BUK                          | Watermark 1    | Licences(WM  | K26699, WMK26248)  |  |
|  | <u>Au</u>                                  | thoriza        | <u>ition</u> |  |  |
| I hereby authorize a ch  | arge in the amo                            | unt indicated  | above to be  | made to my:  |  |
| Visa   |  | Mastercard     |              |  |  |
| Card Number:   |  |                |              |  |  |
| Cardholders' Name:   |  |                |              |  |  |
| Exp date   |  | CCV:           |              |  |  |
| Signature:   |  |                |              |  |  |