

Postal address : PO Box 999, Horsham, VIC 3400 Australia 👔 😰 / PlasticSyndrome

E-mail: info@plasticsyndrome.com.au

ABN: 85 494 174 699



Mail-in Service form

(Please, write down as print letter)

+ Personal detail		Date		
Name				
eturn Address				
Suburb	State / Zip code _		Country .	
		ontact Number		
 Model detail 				
Frame description (Brand/t	ype of frame) :			
How many pairs of eyeglas	ses will you be sending in for	service :		
Lens Included ? YES	□ NO □			
If yes please mark existing chips, pronounced scratch	-			
+ Please use the following	ng option as a guide whe	n describing your repair:		
Service NO. N1	Service NO. N2	Service NO. N3	Service NO. N4	
Service NO. N5	Service NO. N6	Service NO. N7	Service NO. N8	
Sometimes there are multiple extra work/ parts is needed a	le repairs or necessary replacement and we will not proceed without you	ual pricing is done on a "by-inspec nts & extra parts needed. We will a our approval. All price is included neonditional 6 month guarantee. N	lways contact you in case any return freight by express post	
I accept	your terms and conditions for	r repairing as stated on your wo	eb site.	
Name :	Sign:	Date :		