


Mail-in Service form

(Please, write down as print letter)



Plastic Syndrome

Postal address :
249 Riley St, Surry Hills NSW 2010
E-mail : info@plasticsyndrome.com
ABN : 85 494 174 699

PlasticSyndrome/   

+ Practice detail

Date _____

Practice _____ Practice Tel _____

Return Address _____

Suburb _____ State / Zip code _____ Country _____

E-mail _____ Contact Number _____

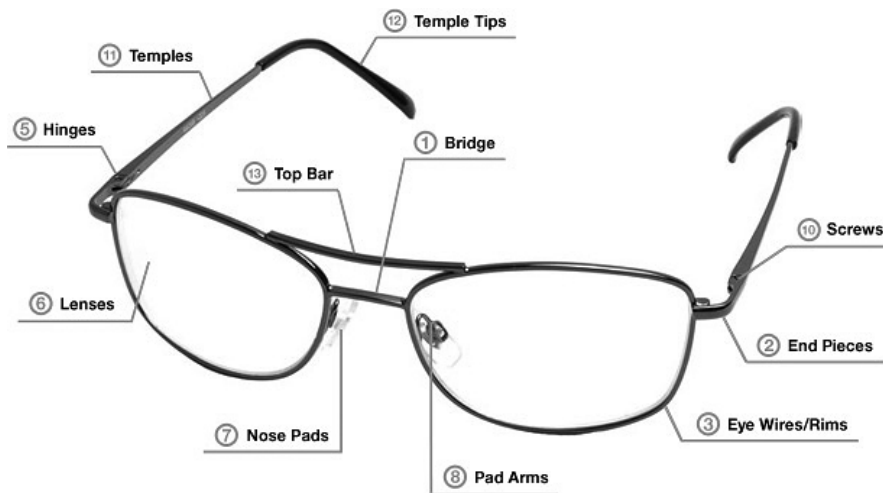
+ Model detail

Frame description (Brand/type of frame) : _____

How many pairs of eyeglasses will you be sending in for repair : _____

Lens Included ? YES NO

- + If yes please mark existing damage to lenses : chips, pronounced scratches, crazing, peeling etc.
Please use the following chart as a guide when describing your repair:



Repair description / Break point :

Plastic Syndrome **Service NO :**

If SERVICE NO. P2, Spring Hinges : Standard repair – Hinge to open and close state only, No spring functionality
Please, lock other side same as repaired one : YES NO

If SERVICE NO. T2, How many replace missing and discoloured diamontees : _____

Pre-quote is may not accurate price. All actual pricing is done on a “by-inspection” basis.

Sometimes there are multiple repairs or necessary replacements & extra parts needed. We will always contact you in case any extra work/ parts is needed and we will not proceed without your approval. All price is included return freight by express post Australia wide. All repairs will be covered by unconditional 6 month guarantee. NO REFUNDS.

I accept your terms and conditions for repairing as stated on your web site.

Name :

Sign :

Date :