

**Quest Payment Systems**

## Hardware Return Form

**PLEASE RETURN YOUR TERMINAL TO****Quest Payment Systems - Returns**

227 Burwood Rd

Hawthorn, VIC 3122 Australia

Ph: +61 3 8807 4400

E: support@questps.com.au

|                   |
|-------------------|
| <b>DATE SENT:</b> |
| <b>From</b>       |

|                        |                                    |           |
|------------------------|------------------------------------|-----------|
| Your Company Name:     |                                    |           |
| Store Name/Location:   | Contact Person:                    |           |
| Address:               |                                    |           |
| Suburb:                | State:                             | Postcode: |
| Phone Number:          | Email:                             |           |
| Your Reference Number: | Your Order Number (if applicable): |           |

**Hardware Repairs\***

| SERIAL NUMBER | FAULT DESCRIPTION | Eg: Bad card reader, Keymat needs repair, Broken casing, No power up, Software error (list any codes displayed), and Liquid damage |
|---------------|-------------------|--|
| 1.            | 1.                |  |
| 2.            | 2.                |  |
| 3.            | 3.                |  |
| 4.            | 4.                |  |
| 5.            | 5.                |  |

**Bank Details\***

| SERIAL NUMBER | BANK NAME | Please be aware that Quest is unable to reload PINpads to a different financial application without the owner's consent. If you are a third party service provider or rent your equipment you will need to obtain consent. |
|---------------|-----------|--|
| 1.            | 1.        |  |
| 2.            | 2.        |  |
| 3.            | 3.        |  |
| 4.            | 4.        |  |
| 5.            | 5.        |  |

\*When contacting Quest regarding your equipment, we will ask you to quote your PINpad serial number. Please retain a copy of the serial numbers for your records. Processing times will vary, please allow a minimum of 15 working days from when Quest receives your equipment.

**Return Address** If different from above

|          |        |           |
|----------|--------|-----------|
| Address: |        |           |
| Suburb:  | State: | Postcode: |

**Comments or Special Instructions**


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