



SERVICE / WARRANTY, TERMS & CONDITIONS

Warranty

1. Warranty repairs will be carried out at no charge to the client on the condition service staff are given immediate and free access to the units.
2. Warranty repairs will only apply if all CSM Warranty conditions have been met.
3. The service technician will determine if the repair is to be carried out under warranty or if a service charge is to apply.

Service - Payments

1. The call out rate will be charged from the time the Service technicians arrive at the site. The call out rate is \$250.00 (plus GST) plus Parking Fee if applicable - thereafter \$45.00 per half hour (plus GST) will apply (per man).
2. Rates will be charged in 30 minute blocks for part ie. to the next half hour.
3. All new parts (materials) will be charged additionally to the service charge.
4. Parts costs in excess of \$50.00 will be advised to the client prior to proceeding. If the client does not wish the Service technician to proceed, the call out rate and time charges will still apply.
5. If the Service technician is required to revisit the client a second call out fee will apply.
6. **After Hours:** Any work carried out before 8:00am or after 3:00pm or on a Saturday (prior to 1:00pm) will be charged at 1.5 x the standard rates (refer Point 1 above).
7. **Urgent Requests:** Where possible, urgent requests will be attended to within 24 hours (next day). Urgent requests will be charged at 1.5 times the relevant standard rates. Critical requests, requiring an immediate response (within 4 hours) will be charged at double the relevant standard rates.
8. If the client has an account with CSM they will be invoiced in accordance with their account terms. If there is no account in place, the client is to settle the amount in full, paying COD to the Service technician.

All service call outs are attended to in rotation (unless otherwise agreed) and will be attended to as soon as possible.

Please sign below indicating your acceptance of the above conditions.

Authorised Signature: _____

Please print name: _____

Date: _____

Company: _____

Address: _____

Phone: _____

Description of Problem: _____

CSM Job Number: _____

(on label located in internal top back of cabinet or on side of drawer)