



Service Registration Form

Date of Purchase://	Invoice No:
Company Name:	Account No:
Contact Name:	Phone No:
Novopress Tool Model:	Serial Number:
Type of Jaws: <u>Copper/Plastic/SS</u>	Jaws Sizes:
This form is to register your tool for reminder ne-mail on a 6 monthly or 12 monthly basis if remanufacturers recommended 2-yearly service from out and services.	quested. We will be sending reminders for the rom the date of purchase once the form is filled
I would also like to receive notification e	every a 6 Months or a 12 Months
Please note that this is a time-based reminder and is r	not based on the tool cycle count (number of presses)
I would like to receive a notification via text: mobile number (+61)	
\square I would like to receive a notification via e-mail: ϵ	e-mail address@
Information supplied is only for the intended use	
Completed by:	Signature:

Please e-mail completed form to tooling@pscoop.com.au