



DISPUTE RESOLUTION FORM

CUSTOMER NAME:

CUSTOMER MAILING ADDRESS:

ADDRESS EQUIPMENT INSTALLED:

CUSTOMER CONTACT:

TELEPHONE:

FAX:

EMAIL:

CONTRACTOR:

COMPANY NAME:

CONTRACTOR'S CONTACT NAME:

TELEPHONE:

FAX:

EMAIL:

DETAILS OF DISPUTE

EQUIPMENT INSTALLED:

DATE INSTALLED:

DETAILS OF PROBLEM:

CUSTOMER'S NAME:

SIGNATURE:

DATE:

Post to:

Air Conditioning Dealer Association
Dispute Resolution Committee
PO Box 1052, ST MARYS
NSW 1790