

# Product Issue Form

Fax To: 07 5641 0096  
 Phone: 07 5504 5512

Post To: PO Box 173, Chevron Island QLD, 4217  
 Email: enquiries@onewayvision.com.au



ABN: 37 140 818 426

## Item A: Distributor Details

Office Use Only

Distributor	<input type="text"/>	Branch	<input type="text"/>
Contact Name	<input type="text"/>	Received By	<input type="text"/>

<input type="text"/>
<input type="text"/>
<input type="text"/>

## Item B: Printer/Sign Maker Details

Company Name	<input type="text"/>	Contact Name	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>

## Item C: Issue Details

OWV Product	<input type="text"/>	Batch No/s.	<input type="text"/>
Production Stage	<input type="text" value="Storage / Print / Install / Removal"/>	Roll Fault Area	<input type="text" value="Start / Middle / End / Throughout / Not Applic."/>
Fault Layer	<input type="text" value="Face Stock / Liner / Glue / Packaging"/>	Type of Issue	<input type="text" value="Curl / Lift / Tunnel / Delaminate / Imperfection"/>
Quantity Effected	<input type="text"/>	Overlamine	<input type="text" value="Applied by Machine / Applied by Hand at Site"/>
Date Supplied	<input type="text"/>	Date Printed	<input type="text"/>
Date Applied	<input type="text"/>	Date of Fault	<input type="text"/>
Printer and Model	<input type="text"/>	Ink Type	<input type="text" value="Solvent / Eco Solvent / UV / Latex / Thermal"/>
Cure/Dry Temp.	<input type="text"/>	Drying Time	<input type="text"/>
RIP Software	<input type="text"/>	De-gas Method	<input type="text"/>
Name of Profile	<input type="text"/>	Room Condition	<input type="text"/>
Cleaning Solution	<input type="text"/>	Install Condition	<input type="text"/>
Wet/Dry App.	<input type="text"/>	Car Model/Year	<input type="text"/>
Window Type/Age	<input type="text"/>	To the Edge?	<input type="text"/>
Full Description Of Issue	<input type="text"/>		