

Work Request Form- Sensor spectrum conversion

To convert your camera to IR, Full spectrum or UV sensitivity please print this form and fill out the required information then send a copy with your camera to Camera Clinic, we will notify you of its arrival and keep you informed of the progress

Name	<input type="text"/>	Company	<input type="text"/>
Street	<input type="text"/>	Land Line	<input type="text"/>
Suburb	<input type="text"/>	Mobile	<input type="text"/>
Post Code	<input type="text"/>	Email	<input type="text"/>
City	<input type="text"/>		

Camera/s	<input type="text"/>	Serial	<input type="text"/>
Lens/s	<input type="text"/>	Serial	<input type="text"/>

Accessories

IR Spectrum

Full Spectrum

UV Spectrum

Primary lens to be used mm only, eg. (18-55mm)
Note, it is not necessary to send lens with body.
Filter type or frequency

Special instruction or repairs needed

If posting camera cut along this line and attach address to box

From:

Fragile

To: Camera Clinic
Spectral Modification Department

56 EASEY STREET
COLLINGWOOD VIC 3066
AUSTRALIA

