

BILLING INQUIRY REQUEST FORM

BILLING INQUIRY REQUEST FORM

Please fill in the below form and send it to support@screwlooseit.com.au to raise a billing inquiry.

Company Name:

Requestors name:

Direct Contact Number:

Direct Email:

Description of disrupted service	Invoice Number	Disputed amount (before GST)	Reason(s) for requesting any additional details	Desired Resolution

We apologise for any inconvenience caused and will investigate your request and aim to reply within 3- 5 business days.

Please attach any additional information you have to this form to assist us with our investigation:



Screwloose IT

1300 245 575
nbnsupport@screwlooseit.com.au
www.screwlooseit.com.au