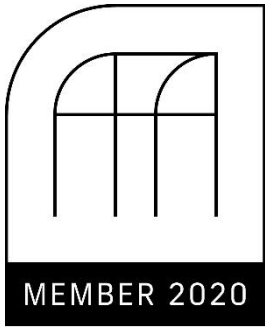


INSERT YOUR
LOGO HERE



Warranty Against Defects Claim Form

Date: _____

Retailer Name: _____

Address: _____

Contact: _____

Phone: _____ Email: _____

Manufacturer's name: _____

Product name/model: _____

Manufacturer's Invoice # _____ Invoice Date _____

Claim cannot proceed until this information is provided.

Customer Name: _____

Address: _____

Contact: _____

Daytime Phone: _____ Email: _____

Retailer Invoice Number: _____ Date of Invoice: _____

Attach photocopy of invoice – claim cannot proceed until this is sighted.

Is the claimant the original purchaser of the goods? Y/N

Have photos showing the issue been supplied? Y/N – this will speed up the process for all concerned.

Customer Statement detailing issue:

Signed as a true and complete statement: _____

Customer Signature

Retailer Inspection Details:

Name of person inspecting: _____

Inspection Comments/Recommendation:

Signed as a true and complete statement: _____

Inspector Signature

Manufacturer's Recommendation:

Signed as a true and complete statement: _____

Manufacturer Signature

Resolution:

Signed as a true and complete statement: _____

Retailer Signature