



Date

Retailer Name	
Address	
Contact	
Phone	Fax
Email	

Product Name / Model	
Manufacturers Invoice #	Invoice Date
Claim cannot proceed until this is provided	

Customer Name	
Address	
Contact	
Phone	Fax
Email	
Retailer Invoice #	Date of Invoice
Attach copy of invoice - claim cannot proceed until this is sighted	

Is the claimant the original purchaser of the goods? yes no

Have photos showing the issue been supplied? (note: this will speed up the process for all concerned) yes no

Customer Statement Detailing Issue

Signed as a true and complete statement
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Retailer Inspection Details

Name of person inspecting
Inspection Comments / Recommendation
Manufacturers Recommendation