



WARRANTY CLAIM FORM

DATE _____

CUSTOMER DETAILS

Customer's Name _____		
Customer's Address _____		Email Address _____
Suburb _____	State _____	Postcode _____
Phone Number/s	Home _____	Work _____
	Mobile _____	Other _____
Invoice Number _____	Purchase Date _____	Delivery Date _____

STORE DETAILS

Store's Name _____		
Store's Address _____		Email Address _____
Suburb _____	State _____	Postcode _____
Contact Person _____	Phone _____	Fax _____
Has a staff member inspected the faulty product?	Yes / No _____	
If Yes -Please advise action taken by staff member _____		
Where is product located? Warehouse / Store / Customer's Home / Other _____		
Have you had a quote to repair? Yes / No _____	Quote Amount \$ _____	

ORDER DETAILS

Please fully provide the following information and attach a copy of invoice to enable the claim process

DCE Invoice No. _____	Invoice Date _____	Purchase Order No. _____
Product / Model Name _____		
Colour _____	Quantity _____	Lounges Only: Fabric / Leather _____

CUSTOMER STATEMENT DETAILING ISSUE

Please state your problem and attach the photos showing the issue. The claim cannot proceed until these are provided

Nature of Complaint _____

Other Comments _____
