

Warranty Claim Form

To enable efficient processing of your claim, please provide as much information as possible in the areas below.

Name _____ Contact Ph 1 _____ Ph 2 _____ Fax _____ Email _____	Address of affected product _____ _____ _____ _____
Contact on site Ph 1 _____ (if different Ph 2 _____ from above) Fax _____ Email _____	Best contact times _____ _____ _____ _____

Serial number of product _____ or invoice number _____

Description of problem (use drawings if appropriate)

Please fax this form to our office on 02 9905 7088 or scan and email to info@cavitysliders.com.au. A CS Cavity Sliders representative will be in touch with you to discuss your claim.