

# WARRANTY CLAIM FORM

WISTON BUILDING MATERIALS INC.



## CUSTOMER INFORMATION

Please complete this form and send it together with your proof of purchase to us.

Your name	
Address	
Phone number	Email address

## RETAILER INFORMATION

Please submit the invoice or receipt of the retailer.

Retailer name	Email address
Retailer address	
Phone number	Fax number

## INSTALLER INFORMATION

Installer name	Installer Phone number
Installer address	

## CLAIM DETAILS

Installer address
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## CLAIMANT'S DECLARATION

I hereby declare that the information above is true and correct to the best of my knowledge and belief and I have complied with all the conditions of the warranty.

I consent to the retailer and Wiston using the personal information I have provided on this form for the purpose of processing my claim.

I understand that if I choose not to provide the required details, this is my choice, however, my claim may not be able to be processed.

Claimant's signature	Date
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