

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

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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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