

## Warranty Request Form

Date: \_\_\_\_\_

*Please complete all fields to help us process your warranty claim efficiently.*

### 1. Contact Information

- Agency: \_\_\_\_\_
- Full Name: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

### 2. Purchase Information

- Original Order Number (preferred): \_\_\_\_\_
- Invoice Number (if order number is unavailable): \_\_\_\_\_
- Date of Invoice: \_\_\_\_\_
- ☐ The product is part of a contract
- ☐ The product is not part of a contract

### 3. Product Details

- Item: \_\_\_\_\_
- Manufacturer: \_\_\_\_\_
- Size (if applicable): \_\_\_\_\_
- Colour (if applicable): \_\_\_\_\_
- Quantity: \_\_\_\_\_

#### 4. Issue Description

- Please explain the issue you are experiencing with the product:

---

---

---

---

---

#### 5. Images

- Submit a clear photo of the defect or issue with the product
- (Accepted formats: .jpg, .png, .pdf)

#### 6. Please provide any additional relevant information related to this claim

---

---

---

---

---