

# WARRANTY REQUEST FORM

Dealer Company Name: .....

Return Fax No: .....

Representative: .....

Date of Request: .....

Make & Model of Machine: .....

Serial Number: .....

Date of Purchase by End User: .....

End User Name: .....

Description of Fault: .....

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Parts Required: .....

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In submitting this request, we have ascertained that:

- a. This product has not been used beyond what it is designed for and reasonably expected to do.
- b. This product has not been modified, altered or changed in any way.
- c. This product has not been dismantled, serviced or interfered with by anyone other than an authorised service agent.
- d. This product has not been subject to unreasonable force or mishandling.

**Note: No work is to proceed before the receipt of an order number from Proquip NZ Ltd. Where chargeable labour is applicable, a written quote must be provided before work is started and an order number given.**

Signed: .....

PLEASE SEND COMPLETED FORM TO

Email: [customerservices@proquipnz.co.nz](mailto:customerservices@proquipnz.co.nz) or FAX: 04 576 0430

PROQUIP USE ONLY

Proquip Representative: ..... Order No.

Date:.....                      Accept                      Decline                      Further info required

Action: .....

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