

WARRANTY CLAIM FORM

PROPERTY OWNER INFORMATION

Name:
Address:
Telephone:
Cell Phone:
Email address:

INSTALLATION COMPANY

Name:
Address:
Telephone:
Cell Phone:
Email address:

PRODUCT INVOLVED IN CLAIM

Pyroclassic IV

Pyroclassic Mini

Parts

PYROCLASSIC AGENT DETAILS (if applicable)

Name:
Address:
Telephone:
Salesman:

Proof of Purchase is required. Please provide copy of paid receipt

Please tick

Fire Serial Number

Photographs are required for all warranty claims to help determine the environment and product defect. Please supply photographs from a variety of angles and close ups of the affected areas and product. Please number and explain view with each photograph	Number of photographs supplied	
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Please give a detailed description of the problem
We will contact you if additional materials are required

OFFICE USE ONLY	Claim Number:
Quality Testing Required?	
Colour?	
Impact?	
Damage?	

Please return to Pyroclassic Fires, PO Box 14057, Hastings, 4159 or info@pyroclassic.co.nz