

# WARRANTY CLAIM FORM

#### **PROPERTY OWNER INFORMATION**

INSTALL	ATION	СОМР	ANY

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

#### PRODUCT INVOLVED IN CLAIM

Pvro	Classic
- 1 9 1 0	CIGSSIC

Parts

## PROOF OF PURCHASE IS REQUIRED

Pyro Mini

Please provide copy of paid receipt

## FIRE SERIAL NUMBER:

## PYRO FIRES AGENT DETAILS (if applicable)

Name:

Address:

Telephone:

Salesman

#### PHOTOGRAPHS

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:** 

#### Please give a detailed description of the problem

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

Please return to Pyro Fires LTD, PO Box 14057, Hastings, 4159 or info@pyrofires.co.nz