## **Product Warranty Form**



Date			
Merchant		Phone	
Branch		Fax	
Contact Name			
		<del></del>	
Customer Name		Home Ph.	
Customer		Work Ph.	
Address		Mobile	
		_	-
		_	
Email		_	
Product Model			
Description			
Purchase Date		Installation Date	
Purchase Order No.		— Packing Slip No.	
Installing Electrician		Mobile	
-		— Work Phone	
Address/Location		_	
of Installation	-	_	
or matanation.		_	
Issue (please provide as i	nuch detail as possible)		
	7		
Digital Photos are			
required of the product and Installation.			
and installation.			
Email photos to			
sales@hamer.co.nz			

Please Return by Fax to 0800 231 231 or Email to <a href="mailtosales@hamer.co.nz">sales@hamer.co.nz</a>

## **Delivering Certainty**

Hamer Limited 85a Falsgrave Street Phillipstown, Christchurch

Freephone 0800 239 239 Email <u>sales@hamer.co.nz</u> Fax 0800 231 231 Hamer.co.nz