

Product Warranty Form



Date _____

Merchant _____

Phone _____

Branch _____

Fax _____

Contact Name _____

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 _____

Issue (please provide as much detail as possible)

Digital Photos are
required of the product
and Installation.

Email photos to
sales@hamer.co.nz

Please Return by Email to sales@hamer.co.nz

Delivering Certainty

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Woolston, Christchurch

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Hamer.co.nz