Bella Vista Bathware
Melbourne Office: 45A Metrolink Circuit West, Campbellfield, VIC 3061

Tel: +61 (3) 9305 4311

# WARRANTY CLAIM FORM

THIS FORM MUST BE COMPLETED BEFORE A WARRANTY CLAIM IS PROCESSED

| DATE OF CLAIM | DATE PRODUCT SUPPLIED |
|---|---|
| | |
| RETAILERS NAME | RETAILERS ADDREES |
| | |
| BELLA VISTA INVOICE NUMBER | BELLA VISTA INVOICE DATE |
| | |
| PRODUCT CODE | CONTACT PERSON |
| | |
| DESCRIPTION OF FAULT | |
| | |

| CUSTOMERS NAME | CUSTOMERS CONTACT NUMBER |
|---|---|
| | |
| CAN WE CONTACT CUSTOMER DIRECT? | CUSTOMERS ADDRESS |
| Yes No<br>Please Circle | |

**PLEASE FAX BACK TO (03) 8456 6597**