



The Leaders in Performance Products

Warranty Claim Form

Warranty Department
Rocket Industries
40 Huntingwood Drive
Huntingwood NSW 2148
Ph. (02) 8825 1986
Fax: (02) 8825 1987
Email: warranty@rocketind.com

Complete this form and include it to the product/s you are returning for a claim. **You must attach a copy of the purchase invoice with this form.** No claims will be accepted without all paperwork.

Purchase Details

Account No:	Account Name:	Date:
Contact Name:		Contact Phone No. ()
Purchase Invoice No:		Date Purchased:

Product Details

Brand:	Part No:	Fault:
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Details of Fault:

Return Details If details are the same as Purchase details write "as above"

Account Name:

Address:

Contact Name:

Phone No:

OFFICE USE ONLY

Credit Action:	Accepted <input type="checkbox"/>	Rejected <input type="checkbox"/>	Reason:
Action Taken:	Credited <input type="checkbox"/>	Repaired <input type="checkbox"/>	Replaced <input type="checkbox"/>

Details of Action:

Name of Technician:

Signature:

Date: