

Warranty Claim Form

Order Number #

Full Name:

Contact Phone:

Contact Email:

Address of Claim:

Authorized Distributor: Reads Kitchens Whakatane

Authorized Distributor Address: 34 King Street, Whakatane, 3120

Authorized Distributor Contact Phone Number: 07 308 8862

Authorized Distributor Contact Email: kitchensinfo@reads.nz

Installer and Date of Installation:

Product Model No. & Part Code:

Date:

Fault Description:

Please attach a copy of proof of purchase

Please attach photographic evidence of fault, or email through to the email provided

Please read the [terms and conditions](#) of the Warranty:

Our supplier requires photographic evidence of the fault in order to consider the product for a warranty claim. If the Warranty claim is accepted the supplier will require the product to be sent back to the factory.

We do not store products awaiting acceptance of a warranty claim in our shop. When / if your claim is accepted, please bring the products into our shop.