

# WARRANTY CLAIM FORM

**Warranty Providers Name:**

Illawarra Blinds and Awnings

ABN: 66 003 379 360

**Warranty Providers Address:**

673 Forest Road, Bexley NSW 2207

**Date of products purchase:**

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**Invoice No:**

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**Customer:**

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**Contact No.**

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**Address:**

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**Description of Goods/Services provided:**

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**Description of defects (Give as much detail as possible. Use a separate page if required):**

I hereby declare that the information provided above is true and correct and to the best of my knowledge and belief and I have complied with all the conditions of the warranty.

Signed: .....

Name (please print): .....

Dated: .....

[Please note, the issue or completion of this form by the Customer does not constitute an admission of liability by I.B.A]