



PAPER HANDLING EQUIPMENT PTY LTD

A QUALITY ASSURED AUSTRALIAN OWNED COMPANY
FREECALL 1800 632 200

ABN 52 010 986 455

BRISBANE
89 RIVERSIDE PLACE
PO BOX 506
MORNINGSIDE QLD 4170
PH: +617 3899 9811
FAX: +617 3899 9411

SYDNEY

MELBOURNE
1305 NORTH ROAD
HUNTINGDALE VIC 3166
PH: 03 9544 4711
FAX: 03 9544 4211

WARRANTY CLAIM FORM

Please Keep This Form On File And Copy When Required.

DATE OF PURCHASE OR PHE INVOICE NUMBER MUST BE SUPPLIED.

DATE: ___ / ___ / ___ DATE OF PURCHASE: ___ / ___ / ___ P H E INVOICE # _____

COMPANY MAKING CLAIM

COMPANY (OWNERS NAME)	
REPAIRS NAME (DEALERS NAME)	
ADDRESS	
PHONE NUMBER	
CONTACT NAME.	

MAKE OF MACHINE: _____ MODEL: _____

COMPLETE SERIAL NUMBER: _____

PARTS REQUIRED.

REASON / CAUSE FOR CLAIM

PERSON MAKING CLAIM:

SIGNATURE: _____

PLEASE NOTE: Any parts not returned to P.H.E. within 14 days will be charged for.

PHE Use Only:	Rxed		Completed		Processed	
Parts Returned	Date		Condition		Re-order	