

**PHE**

PAPER HANDLING EQUIPMENT PTY LTD
A Quality Assured Australian Owned Company

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

PHE INVOICE #

DEALERS DETAILS

DEALERS NAME

ADDRESS

PHONE NUMBER

CONTACT NAME

CUSTOMER DETAILS

COMPANY / OWNERS NAME

ADDRESS

PHONE NUMBER

CONTACT NAME

MAKE OF MACHINE

MODEL

COMPLETE SERIAL NUMBER

REASON / CAUSE FOR CLAIM

PERSON MAKING CLAIM

SIGNATURE

OFFICE USE ONLY

CREDIT

☐

REPLACE

☐

W.OFF

☐

REPAIRED

☐

CLAIM

☐

4, 33 Miller St Murarrie QLD 4172

PO Box 506 Morningside QLD 4172

1800 632 200**P 07 3899 9811****F 07 3899 9411**

intimus

Dumor

hohner

NAGEL

SUPREMAX

Gill
Copyright