



**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	<input type="text"/>	DATE OF PURCHASE	<input type="text"/>	PHE INVOICE #	<input type="text"/>
------	----------------------	------------------	----------------------	---------------	----------------------

## DEALERS DETAILS

DEALERS NAME	<input type="text"/>
ADDRESS	<input type="text"/>
PHONE NUMBER	<input type="text"/>
CONTACT NAME	<input type="text"/>

## CUSTOMER DETAILS

COMPANY / OWNERS NAME	<input type="text"/>	
ADDRESS	<input type="text"/>	
PHONE NUMBER	<input type="text"/>	
CONTACT NAME	<input type="text"/>	
MAKE OF MACHINE	<input type="text"/>	MODEL <input type="text"/>
COMPLETE SERIAL NUMBER	<input type="text"/>	
REASON / CAUSE FOR CLAIM	<input type="text"/>	
PERSON MAKING CLAIM	<input type="text"/>	
SIGNATURE	<input type="text"/>	

## OFFICE USE ONLY

CREDIT	<input type="checkbox"/>	REPLACE	<input type="checkbox"/>	W.OFF	<input type="checkbox"/>	REPAIRED	<input type="checkbox"/>	CLAIM	<input type="checkbox"/>
--------	--------------------------	---------	--------------------------	-------	--------------------------	----------	--------------------------	-------	--------------------------

89 Riverside Place  
PO Box 506  
Morningside QLD 4170

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

