

CLAIM FORM | All products (excluding tanks)

Ref No:

Dealer/Owner Details

Name/Company				
Postal Address				
City		State		Postcode
Ph #	Fax #		Mob #	
Contact Person		Email		

Product Details

Product(s)	Quantity		RP Code
Invoice Number	Date of purchase		Your ref. number
Purchased From (Name of Store if different from above)		Town/City	
Attach a digital copy of original invoice or post copy, payment or delivery docket.			<input type="checkbox"/> Attached <input type="checkbox"/> Post
Attach digital picture files or post photos. Must include a clear description of the defect:			<input type="checkbox"/> Attached <input type="checkbox"/> Post

Assessment

Is the product a Rapid Plas product?
Were the product(s) used to the recommendations?
Describe the problem:

Owner Representative to sign, verifying foregoing details

<p>I understand that the information I have disclosed on this form is accurate, and accept responsibility for associated costs incurred to rectify a problem if, upon inspection, damage has been incurred by other than Rapid Plas manufacture faults.</p> <p>Print Name..... Signature..... Date /..... /.....</p>
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Form to be completed by Dealer/Owner and returned to Rapid Plas.

Thank you for completing this form. You will be contacted promptly on receipt of this form by one of our customer support assistants.

[DISCLAIMER: THE COMPLETION OF THIS FORM DOES NOT AUTOMATICALLY COMMIT RAPID PLAS TO UNDERTAKE ANY REPAIRS TO THE PRODUCT OR REPLACE THE PRODUCT AT THEIR COST]