



WARRANTY CLAIM FORM

PLEASE COMPLETE ALL DETAILS AND RETURN WITH FAULTY PART/S.
Warranty Claims cannot be processed until this form; proof of purchase and the part/s have been received and evaluated by Liquid Systems (SA) Pty Ltd.

LQS Dealer: _____ Location: _____

Contact Name: _____ Phone: _____

Owner's Name: _____ Phone: _____

Owner's Address: _____

Product Purchased: _____

Serial No/s: _____ Located on LQS Module, Pump or L2 Controller

Delivery Date to Owner: _____ Installation Date by Dealer: _____

- Please Provide Proof of Purchase by Owner: i.e. Attach Copy of Owner's Invoice
- Please Provide Proof of Installation & Warranty Registration Form

Your Claim Ref No: _____ Date of Failure: _____ Date of Claim: _____

Description of Fault / Reason for Claim: Please be explicit - This will speed up the processing of your claim.

Parts Required for Repair: (NOTE: All faulty parts are to be returned to LQS for evaluation)

Qty	Part No.	Description	Cost
Total Cost			

Signed for Distributor/Dealer _____ Name _____

LQS OFFICE USE ONLY

Date Claim Received: _____ Date Parts Received: _____ Parts Inspected By: _____

Replacement Parts Invoice No: _____ Comments/Assessment: _____

Warranty Claim: Approved/ Not Approved (Initial) _____ Credit Note No: _____ (if approved)