

If any of your products supplied by IntraSpace Pty Ltd become defective in any way, please complete this Warranty Claim form and return it to our office. NB. Proof of original purchase is required.

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Product / Purchase Details

Purchase Date: \_\_\_\_\_

Location in Building: \_\_\_\_\_

Delivery / Install Address: \_\_\_\_\_

Product Name / Description

*If you don't know the product name, please specify dimensions below or send a copy of the invoice.*

## Photographs

*Please supply photographs wherever possible.*

## Product Condition

*Describe the product's current condition, noting any damages that have occurred.*

Defects first reported on: \_\_\_\_\_ Reported by: \_\_\_\_\_

Reported to (at IntraSpace): \_\_\_\_\_

Email completed form with any relevant photographs to [info@intraspace.com.au](mailto:info@intraspace.com.au)