_		
Glen	Dim	plex
<b>NEW</b>		

## **WARRANTY CLAIM REPORT**

GDNZ INVOICE #:	
	1

**GDNZ ACCOUNT #:** 

**ALL CLAIMS MUST BE SUBMITTED WITHIN 30 DAYS** 

3. SALES DETAILS:  PURCHASED FROM:  ADDRESS:  CONTACT PH:  DATE OF PURCHASE:  4. WARRANTY  SERVICE AGENT:  ADDRESS:  CONTACT PH:  DATE OF REPAIR	ER:  MMERCIAL USE (CIRCLE ONE)  TO BE UNDERTAKEN BY:
CITY/TOWN:  CONTACT PH:  SIGNATURE:  3. SALES DETAILS: PURCHASED FROM: ADDRESS: CONTACT PH: DATE OF PURCHASE: DATE OF INSTALLATION: CONTACT PERSON:  5. BASIS FOR CLAIM:  SERIAL NUMB DATE FAILED: PRIVATE / CON SERVICE AGENT: ADDRESS: CONTACT PH: DATE OF PURCHASE: DATE OF REPAIR NZHH CERTIFICA CONTACT PERSO	ER:  MMERCIAL USE (CIRCLE ONE)  TO BE UNDERTAKEN BY:  :
CONTACT PH:  SIGNATURE:  PRIVATE / CON  3. SALES DETAILS: PURCHASED FROM: ADDRESS: CONTACT PH: DATE OF PURCHASE: DATE OF INSTALLATION: CONTACT PERSON:  5. BASIS FOR CLAIM:  DATE FAILED: PRIVATE / CON  4. WARRANTY  SERVICE AGENT: ADDRESS: CONTACT PH: DATE OF REPAIR NZHH CERTIFICA CONTACT PERSO	MMERCIAL USE (CIRCLE ONE)  TO BE UNDERTAKEN BY:
SIGNATURE:  PRIVATE / CON  3. SALES DETAILS:  PURCHASED FROM:  ADDRESS:  CONTACT PH:  DATE OF PURCHASE:  DATE OF INSTALLATION:  CONTACT PERSON:  5. BASIS FOR CLAIM:  PRIVATE / CON  4. WARRANTY  SERVICE AGENT:  ADDRESS:  CONTACT PH:  DATE OF REPAIR  NZHH CERTIFICA  CONTACT PERSO	TO BE UNDERTAKEN BY:
3. SALES DETAILS: PURCHASED FROM: ADDRESS: CONTACT PH: DATE OF PURCHASE: DATE OF INSTALLATION: CONTACT PERSON:  5. BASIS FOR CLAIM:  4. WARRANTY SERVICE AGENT: ADDRESS: CONTACT PH: DATE OF REPAIR NZHH CERTIFICA CONTACT PERSO	TO BE UNDERTAKEN BY:
PURCHASED FROM:  ADDRESS:  CONTACT PH:  DATE OF PURCHASE:  DATE OF INSTALLATION:  CONTACT PERSON:  SERVICE AGENT:  ADDRESS:  CONTACT PH:  DATE OF REPAIR  NZHH CERTIFICA  CONTACT PERSO  5. BASIS FOR CLAIM:	:
PURCHASED FROM:  ADDRESS:  CONTACT PH:  DATE OF PURCHASE:  DATE OF INSTALLATION:  CONTACT PERSON:  SERVICE AGENT:  ADDRESS:  CONTACT PH:  DATE OF REPAIR  NZHH CERTIFICA  CONTACT PERSO  5. BASIS FOR CLAIM:	:
ADDRESS:  CONTACT PH:  DATE OF PURCHASE:  DATE OF INSTALLATION:  CONTACT PERSON:  DATE OF REPAIR  NZHH CERTIFICA  CONTACT PERSO  5. BASIS FOR CLAIM:	:
CONTACT PH:  DATE OF PURCHASE:  DATE OF INSTALLATION:  CONTACT PERSON:  S. BASIS FOR CLAIM:  CONTACT PH:  DATE OF REPAIR  NZHH CERTIFICA  CONTACT PERSO	
DATE OF PURCHASE:  DATE OF INSTALLATION:  CONTACT PERSON:  S. BASIS FOR CLAIM:  DATE OF REPAIR  NZHH CERTIFICA  CONTACT PERSO	
DATE OF INSTALLATION:  CONTACT PERSON:  S. BASIS FOR CLAIM:  NZHH CERTIFICAL CONTACT PERSON  TO SHARE THE PERSON  NZHH CERTIFICAL CONTACT PERSON  TO SHARE THE PERSON  NZHH CERTIFICAL CONTACT PERSON  TO SHARE THE PERSON	
5. BASIS FOR CLAIM:	TE #/ GAS REG #:
5. BASIS FOR CLAIM:	
	DN:
6. PARTS REQUIRED: QTY: PRICE \$: TOTA	
6. PARTS REQUIRED: QTY: PRICE \$: TOTA	
	AL \$: GDNZ INVOICE #:
PARTS TOTAL COST EXCL GST:	
. / iiii o iii ii o iii ii o ii o ii o i	
7. WORK PERFORMED: (ATTACH COPY OF JOB SHEET) JOB NO:	
QUOTE / INV	HOURS MINS

## NOTE:

MUST BE SUBMITTED AS PER GLEN DIMPLEX'S INSTRUCTIONS WITHIN 30 DAYS FROM DATE OF REPAIR, OTHERWISE CLAIM MAY BE REJECTED. RETAILERS INVOICE INCLUDING DATE OF PURCHASE MUST BE ATTACHED

GAS PRODUCTS ONLY:

ENSURE YOU HAVE COMPLETED THE GAS APPLIANCE CHECK SHEET OVER LEAF

PLEASE COMPLETE AND RETURN TO: 0800 11 2020 / nztechserv@glendimplex.co.nz