# WARRANTY CLAIM APPLICATION



### **APPLICATION INSTRUCTIONS**

- > This Warranty Claim Application form must be completed in full as incomplete forms will be rejected
- > Fields marked with an asterisk (\*) are mandatory
- > Applications must be:
  - Approved prior to any work commencing
  - Completed in electronic form only
  - Emailed directly to the Flextool customer service team at warranty@flextool.com.au

#### **PRODUCT VALIDATION**

Application claim date\*

PRODUCT DETAILS	
Product brand*	Product category*
Please specify if other	Product model*
Product serial no.* (Please enter product serial number not engine serial number)	Hour meter reading (if fitted)

CUSTOMER / OWNER DETAILS		
Business name*	Contact name*	
Email*	Phone number*	

PURCHASE INFORMATION	
Store name*	Date of Purchase*
State*	Suburb*
Proof of purchase*	Reference number*

**DESCRIPTION OF PROBLEM** (Please send photos with this application)\*

#### **REPAIR DETAILS**

REPAIR AGENT DETAILS (Parts will be dispatched to this address)			
Business name*		Contact name*	
Email*		Phone number*	
Address*		State*	
Suburb*		Postcode*	

REQUIRED PARTS (To be issued FOC by Flextool if warranty is approved)		
Product code	Product description	Quantity

LABOUR (Purchase order to be issued by Flextool if warranty is approved)		
Labour hourly rate (ex GST)*	Labour hours*	
Total labour charge (ex GST)*	Labour hourly rate x Labour hours = Total labour charge	
Other charges (ex GST)*		

## FOR MORE INFORMATION CONTACT US ON 1300 353 986 OR VISIT flextool.com.au