



WARRANTY CLAIM

Please direct any questions you may have to:

Powerblast Warranty Claims Department

Ph: 1800 812 223

Email: sales@powerblast.com.au

Powerblast Service Case (SC) No: _____

Your Company Name: _____
(Service Agent)

Address: _____

City: _____ State: _____ Postcode: _____

Phone: _____ Email: _____ Your Reference: _____

Contact Name: _____ Claim Date: _____

Date machine purchased from Dealer: _____ Invoice No: _____

Your Customer's Name: _____

Address: _____

City: _____ State: _____ Postcode: _____

Make and Model: _____

Serial Number: _____ Operating time before failure: _____

Specific failure description: _____

What steps were taken to analyze the fault? _____

Have goods been repaired/replaced? Yes No Sales Order/Invoice No: _____

PARTS REQUIRED FOR REPAIR - PARTS REPLACED MUST BE RETURNED WITH THIS FORM

Qty	Part No:	Description	Nett Price	Total Amount
Labour Claim				
Hours:				
Please note: wear & tear items not covered by warranty unless specified by PowerBlast			Total	

I certify that all the above information is correct.

Signature: _____ Date: _____