

## WELDING SOLUTIONS WARRANTY CLAIM FORM

COMPANY INFORMATION			
Company Name			
Contact Person		Phone	
Email			
Address			

VEHICLE INFORMATION			
Make		Model	
VIN #		Tank ID	
Purchase Date		Body Type	
Odometer Reading		Location	

CLAIM DETAILS	
Claim Date	
<b>Claim Information</b>  (Please describe the problem in detail, including symptoms and when it occurs)  <b>Please provide photos where possible</b>	<div style="border: 1px solid black; height: 100px;"></div>
<b>Repair Attempt(s)</b>  (Please provide details of any attempts to rectify the issue, if any)	<div style="border: 1px solid black; height: 100px;"></div>

Once complete, please forward the warranty form along with all supporting information, including photos, to: [warranties@weldingsolutions.com.au](mailto:warranties@weldingsolutions.com.au)

