

Case ID	
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83 Jedda Road  
Prestons NSW 2170  
P: 1300 0 TITUS  
E: info@titustekform.com.au



## WARRANTY CLAIM

PLEASE NOTE THAT THE FOLLOWING INFORMATION IS  
REQUIRED BEFORE THIS CLAIM CAN BE PROCESSED

Date: _____ Name: _____
Kitchen Manufacturer: _____
Contact: _____ Ph: _____ Mb: _____
Email: _____
Kitchen Owner/Customer: _____
Ph: _____ Mb: _____
Email: _____
Job Address: _____ Suburb: _____
State: _____ Postcode: _____
JOB DETAILS: _____
Details of Complaint:          
Location of items: <input type="checkbox"/> Kitchen <input type="checkbox"/> Other _____ <input type="checkbox"/> Laundry <input type="checkbox"/> Bathroom
Titus Tekform Order Number ID: _____ Customer Order Number: _____
Titus Tekform Invoice Number: _____ Invoice Date: _____
Design: _____ Colour: _____ Edge: _____
Installation Date: _____ Builder: _____

The kitchen owner will be contacted via phone within 7 working days to organise a further inspection by Titus Tekform.