

WARRANTY REPLACEMENT REQUEST FORM



- **Complete section A of form and fax with customer proof of purchase to Wallboard Tools on 1300 657 442.**
- **Any replacement tools will be sent by Wallboard Tools on a new Invoice using the original purchase order number as a reference**
- **The original Wallboard Tools Invoice will be credited once the DOA goods are received at Wallboard Tools.**

SECTION A – DISTRIBUTOR TO COMPLETE

Date	
Model No	
Serial No	
Tool Owner Name	
Tool Owner Phone Number	
Distributor Name	
Distributor Phone Number	
Purchase Date	
Wallboard Invoice No	

Details of Failure:

SECTION B – WALLBOARD TOOLS OFFICE USE ONLY

Authorised By		RMA No:	
Goods Returned By			
Con Note			
Return Received Date			
Replacement Goods Invoice No			
Credit Note No			



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