

CLAIM FORM EXCLUDING TANKS

Ref No:

Dealer/Owner Details

Name/Company			
Postal Address			
City		State	Postcode
Ph #	Fax #	Mob #	
Contact Person		Email	

Product Details

Product(s)		Quantity	RP Code
Invoice Number	Date of purchase	Your ref. number	
Purchased From (Name of Store if different from above)		Town/City	
Attach a digital copy of original invoice or post copy, payment or delivery docket.			<input type="checkbox"/> Attached <input type="checkbox"/> Post
Attach digital picture files or post photos. Must include a clear description of the defect:			<input type="checkbox"/> Attached <input type="checkbox"/> Post

Assessment

Is the product a Rapid Plas product?
Were the product(s) used to the recommendations?
Describe the problem

Dealer/Owner Representative to sign, verifying foregoing details

I understand that the information I have disclosed on this form is accurate, and except responsibility for associated costs incurred to rectify a problem if, upon inspection, damage has been incurred by other than Rapid Plas manufacture faults.

Print Name _____ Signature _____ Date _____

Form to be completed by Dealer/Owner and returned to Rapid Plas:

Thank you for completing this form. You will be contacted promptly on receipt of this form by one of our customer support assistants.