

WARRANTY CLAIM FORM

Please complete and return this form to sales@ifuel.com.au if you require warranty on any iFUEL supplied products. All costs covered by iFUEL must be approved before commencement.

CUSTOMER

DISTRIBUTOR DETAILS/ CUSTOMER INFORMATION				
Claim Number:		C	ate of Claim:	
Tank Size:				
Tank Serial Number:				
Tank Description: i.e. Contents / Dual Compartment				
DETAILS OF DEFECT/S				
DETAILS OF RECTIFICATION SOUGHT				
Pictures Supplied:		File Details:		
ESTIMATED COST – To be submitted to iFUEL and agreed prior to work commencing				
Labour:		Parts / Shipping:		
Complete By:		Date:		
OFFICE USE ONLY				
Approved By:			Date:	
Documentation Attached:			Actual Cost:	