



E: warranty@reaqua.com.au

*** Mandatory field**

***Please include photos of fault issues**

Type of Return*:	<input type="checkbox"/> Replacement	<input type="checkbox"/> Quote/Repair	<input type="checkbox"/> Credit
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Name*	_____	Contact email*	_____
Invoice number*	_____	Contact phone number	_____
Date of failure*	_____	End user location	_____
Date of purchase*	_____	Installation Date	_____
Stockist/Supplier	_____	Contact Details:	_____

Serial number - only required for the failed item(s)*

<input type="checkbox"/> Controller	Serial No: _____
<input type="checkbox"/> Pump End	Serial No: _____
<input type="checkbox"/> Motor	Serial No: _____
<input type="checkbox"/> Accessories	Part No: _____
<input type="checkbox"/> Other	Serial No: _____
<input type="checkbox"/> Panels	Wattage: _____

Description/Reason for Return:*

I certify that this claim conforms with the Lorentz warranty policy

Office Use Only	
Diagnosis:	
Resolution:	