

## SERVICE / WARRANTY RETURNS FORM

## THIS FORM MUST ACCOMPANY <u>ALL RETURNS</u> AND MUST BE COMPLETED

(We are unab	le to proces	ss returns witr	out this docu	imentation)		
Customer Name:		Email Address:			Date:	
Daytime Phone:		Kranzle issued Ref:			Your Ref:	
Customer Address:		Return Address:		Purchased from:		
Post Code:		Post Code:				
Return of pressure washer – Please in						
Model: Serial Num				Purchase		
Description of fault / Reason for return		Invoice		Invoice n	0:	
Return of parts – Please include proo	f of nurchas	· o				
Part number: Quantity:				Purchase da	ate·	
Description of fault / Reason for return			i di chase di	110.		
IMPORTANT INFORMATION		Please return this fo			rm and product(s) to	
If the equipment is covered by Kranzle warranty,						
attach a copy of the proof of purchase. If warran		- I I				
been invalidated you will be informed. If the equ		' 11				
received without proof of purchase it will default		Southend-On-Sea Essex ived in SS2 5FZ				
chargeable repair status. Should you proceed with a chargeable repair, ar						
return carriage charge will apply, thi						
certain circumstances. We recommen						
your machine before sending to assis	r claim     01702 603					
should you have to make one due to			ırns must be sent via traceable with adequate insurance. Kranzle			
Print:			cannot be held responsible for any missing items that have not been			
Sign: Date:			returned	this way. If	the unit is returned e, please return with	
			ALL power cables and extensions.			

Ref:

Box no:

For internal use only

Date:

Received by: