



# Guarantee Form *inspires confidence*



Use this form to make an enquiry related to the Tudor Guarantee.

## Customer Details

Date:

Name\*:

Address\*:

Suburb\*:

State\*:

Postcode\*:

Phone\*:

Mobile\*:

Email address\*:

## Product Details

Product Purchase Date\*:

Product Code:

Product Description\*:

## Product Purchase Details

Retailer\*:

Suburb:

State\*:

Postcode\*:



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## Reason for product enquiry

### Office Use Only

Enquiry received date:

CSR Representative:

Initial Contact Date:

Date sent to manufacturing:

Final consumer contact date: