

AIR's WARRANTY CLAIM FORM

Please complete this form according to the instruction at the end, the return via post, fax or email the completed form to AIR. Please attach imagery, where possible, of the issue raised to allow us to investigate the issue more swiftly.

Date:

Customer Name:

Invoice Number:

Customer Delivery Address (to which the item was delivered)

Address:

Country:

Postal Code:

Customer's Current Address (if different to above)

Address:

Country:

Postal Code:

Customer's Contact Information

Telephone/Mobile Number:

Email Address:

Which product(s) does the issue concern? Please include model name and/or description. Please also include timber and finish, if any.

When did you purchase this item?

Have you recently renovated your home? How recently?

What is the nature of your claim?

When did you notice the aforementioned?

Please provide us with any further information you feel is relevant.

INSTRUCTIONS

Customer Name: Please provide the name under which the item was purchased.

Invoice Number: Please provide the invoice number which the item was purchased. This number appears at the top right hand of the invoice and consists of 5 digits.

Customer delivery address: Please provide the address to which the goods were delivered.

Customer's current address: Please include current contact address if you are not staying at the delivery location.

PLEASE RETURN THIS FORM ALONG WITH IMAGERY OF THE CLAIM AND A COPY OF THE ORIGINAL INVOICE TO AIR.

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