

# Warranty Claim Form



To enable efficient processing of your claim, please provide as much information as possible in the areas below.

Name _____	Address of affected product _____
Contact Ph 1 _____	_____
Ph 2 _____	_____
Fax _____	_____
Email _____	_____
Contact on site (if different from above) Ph 1 _____	Best contact times _____
Ph 2 _____	_____
Fax _____	_____
Email _____	_____

Serial number of product \_\_\_\_\_ or invoice number \_\_\_\_\_

Description of problem (use drawings if appropriate)

Please fax this form to the Auckland Head Office on 09 276 2525 or scan and email to [info@csfordoors.co.nz](mailto:info@csfordoors.co.nz). A CS FOR DOORS representative will be in touch with you to discuss your claim.

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Mt Wellington  
PO Box 112349, Penrose  
Auckland 1642, NZ  
T 09 276 0800  
F 09 276 2525  
[info@csfordoors.co.nz](mailto:info@csfordoors.co.nz)

**Bay of Plenty / Waikato**  
40 Newton Street  
Mt Maunganui  
T 07 928 0800  
F 07 928 2525  
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**Wellington**  
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16 Jamaica Drive  
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T 04 473 9994  
F 04 473 9995  
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Middleton  
T 03 348 6158  
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