

# 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	_____		_____
Email	_____		_____

Contact on site (if different from above) Ph 1	_____	Best contact times	_____
Ph 2	_____		_____
Email	_____		_____

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

Description of problem (use drawings if appropriate)

Please scan and email this form 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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**T 09 276 0800**  
[info@csfordoors.co.nz](mailto:info@csfordoors.co.nz)

**Bay of Plenty / Waikato**  
40 Newton Street  
Mt Maunganui  
**T 07 928 0800**  
[salesbop@csfordoors.co.nz](mailto:salesbop@csfordoors.co.nz)

**Christchurch**  
6 Marylands Place, Middleton  
**T 03 348 6158**  
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