



Warranty Claim Form

Purchasers Information:

Company Name: _____

Contact Person: _____

Telephone No: _____

Cell No: _____

E-mail address: _____

Product Information:

Product Name: _____ Thickness: _____mm

Date Purchased: ____/____/____ Invoice No: _____

Complaint Details:

Client Name: _____

Telephone No: _____

Cell No: _____

E-mail address: _____

Address where installed: _____

Installer's Details: _____

Date of installation: ____/____/____

Quantity of material affected: _____m²

Pictures Submitted: **Yes / No**

Feedback from Just Stone natural bulk supply: _____

Date: ____/____/____