

Email claims to: vapormatic@landlogic.co.nz

Return parts to: Landlogic, 25 John Morten Place, Rolleston



## NZ Warranty/Defective Part Claim Form

Account Name Acco			nt Code	Claim Date:		
Contact Name Contact Phone/Email						
Failed/Defective Part #	Original Invoice #	Date Purchas	ed Date Fitted	Date Failed	Date Replaced	
Replacement Part # (if	Replacement Invoice #	Machine Mak	e Machine Model	Hours (Km) since	Part Returned to VAP	
different)				fitting	Y/N	
Full Details of Claim (Faulty is not sufficient – Please fully explain in detail).						
Symptom:						
Cause:						
Correction:						
Labour Hours Claimed Other sundry costs for consideration. (Full explanation required)						
(Warranty rate = \$75.0	0 Please Note: Vaporr	Please Note: Vapormatic warranty does not cover travel, parts and labour only. Any non Vapormatic parts or outwork will need to be discussed in advance of repair with copy of invoice supplied with claim				
per hour)		וו וופפט נט מפ מ	nscusseu in auvance of	теран with copy of I	involce supplied with claim	
Please attached copies of sales invoices covering the initial I acknowledge all information submitted to be true and						
fitment of parts to your clients' machine. Retain all faulty parts for inspection and probable return.			correct:			
			Sign			
LANDLOGIC OFFICE USE						