

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 Ph 1	_____	Best contact times	_____
on site	_____		_____
(if different from above)	_____		_____
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.

A CS FOR DOORS representative will be in touch with you to discuss your claim.

Cavity Sliders Limited
Auckland Head Office

5 - 7 Rakino Way
Mt Wellington

T 09 276 0800
info@csfordoors.co.nz

Bay of Plenty / Waikato

40 Newton Street
Mt Maunganui

T 07 928 0800
salesbop@csfordoors.co.nz

Christchurch

6 Marylands Place, Middleton

T 03 348 6158
saleschch@csfordoors.co.nz



PO Box 112349, Penrose
Auckland 1642, NZ

www.csfordoors.co.nz
info@csfordoors.co.nz