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## Sulco Customer Warranty Assessment Form

Customer must complete this form when sending in or dropping off a tool for warranty assessment (one form per item / customer claim).

### Retailer Information

Name and Branch of Retailer: Sulco area ( \* )

**\*All Asterix must be filled in**

\* Warranty / Repair

### End User Information

\*First Name:

\*Surname Name:

\*Contact Number:

\*Email Address:

\*Business name:

### Asset Information

\*Model Number:

Accessories (if applicable):

\*Invoice Number (Attach Proof of Purchase):

\*Description of Fault:

### Return Options

1 Delivery to specified Business address  
*(no residential addresses)*

\*Attn:

\*Address:

\*City:

2 **\*All Asterix must be filled in**

\*Date:

\*Signature: