



Warranty Claim Form



Purchasers Information:

Company Name

Contact Person

Telephone No

Cellphone No

E-mail Address

Product Information:

Product Name

Thickness mm Date Purchased Invoice Number

Complaint Details:

Client Name

Telephone No

Cellphone Number

E-mail Address

Adress where installed

Installer's Details

Date of Installation

Quantity of material affected m²

Pictures Submitted Y I N

Feedback from Just Stone

Date Sign