PRODUCT CLAIM FORM



over printed with name

YOUR DETAILS

Your Name:			
CELL Number:	Em	nail Address:	
	lacement may be sent):		
PRODUCT DETAIL	_S		
Item description			_
Fault description:			
Purchase date:	Return Date:	Purchas	e receipt supplied <u>: Y N N</u>
Store where purchased	d:		
FOR OFFICE USE	ONLY		
DATE:	S/N	M/[D
Fault description:			
Action taken:			
for professional use and a 1 styler/dryer, accompanied w Highway Park, Northgate Est the action taken by Veaudry a replaced with a new styler/ditwith a similar model at the foliation of purchase in order to be provided by the profession of the plug, tampering note that Veaudry does not	yith this form and the original pro- state, Gold street, Brooklyn, Cape and should your styler/dryer be with dryer. In the case that Veaudry has the same or higher value. Please occased, - claims that do not have a guaranteed against mishandling, ag or removing the warning label	ainst manufacturing fau of of purchase receipt Town 7405 Att: Return ithin the guarantee per as discontinued your mo note that claims must an original proof of purch dropping, scratching, Is will void the guaran	audry hair dryers carry a 6 month guarantee alts. You will be required to send your to: VEAUDRY INTERNATIONAL Unit 4 Dept. Once received you will be notified of iod and qualify to be replaced, it will be idel, Veaudry reserves the right to replace be accompanied with the original proof hase will not qualify. Please note that your tampering with the housing, removing / intee and general wear and tear. Please indicate are replaced with new units. Veaudry
Signature of claimant	t Signatu	re of tester	Signature of management

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