PRODUCT CLAIM FORM



YOUR DETAILS

Your Name:			
CELL Number:		Email Address:	
Address (where a rep			
PRODUCT DETAI	LS		
Item description			
Fault description:			
Purchase date:		Return Date:	
Store where purchase	ed:		
FOR OFFICE USE	ONLY		
DATE:	S/N	M/D	
Fault description:			
Action taken:			

Terms and Conditions:

Veaudry heat stylers carry a 1 year guarantee against manufacturing faults. You will be required to send your styler, accompanied with this form and the original proof of purchase receipt to: VEAUDRY INTERNATIONAL Unit 4 Highway Park, Northgate Estate, Gold street, Brooklyn, Cape Town 7405 Att: Return Dept. Once received you will be notified of the action taken by Veaudry and should your styler be within the guarantee period and qualify to be replaced, it will be replaced with a new styler which willcarry a new one year guarantee. In the case that Veaudry has discontinued your model, Veaudry reserves the right to replace it with a similar model at the same or higher value. Please note that claims most be accompanied with the original proof ofpurchase in order to be processed, - claims that do not have an original proof of purchase will not qualify. Please note that your Veaudry styler is not guaranteed against mishandling, dropping, scratching, tampering with the housing, removing / replacing the plug, tampering or removing the warning labels will void the guarantee and general wear and tear. Please note that Veaudry does not fix or repair heat stylers, units replaced within the guarantee period are replaced with new units. Veaudry does not endorse any outlets that claim to fix our stylers.

Signature of claimant

Signature of tester over printed with name

Signature of management over printed with name