Warranty Form

Contact:

Name:

Company:

Email:

Phone:

Location:

Customer Reference No#:

Service Provider:

Name:

Company:

Email:

Phone:

Location:

Description of fault:

* Part/s affected:
* What is/isn’t working?
* How long has this been an issue/ when did this occur?
* Has anything been checked/rectified?

Vehicle Information:

Build ID Plate:

Registration Number:

Please send the completed form to:

Fraser Fire and Rescue Limited Telephone: +64 4 568 6819

After Sales Service Fax: +64 4 568 6342

PO Box 39-002 Email: support@fraser.org.nz

Wellington Mail Centre

New Zealand



Tick