

Ref. BET_MW_005

To register your complaint please fax this completed form to +970 2 2751181

After Sales Complaint Registration Form

Company

Date

Name

Address

Phone and Fax Numbers

Telephone:

Fax:

Site location of faulty product, contact and contact telephone number :
(Please provide the name of the Project)

Faulty product description :
(Please provide the product type, nature of the fault and the number of products involved)

When and where these products purchase? :
(Please give details of where and when purchased and your purchase order original reference)

How high is the fitting (s) installed? :
(Please include any additional information regarding ease of access to site or fitting)

Detail of the original installer if not the same as above :

Please Note:

If you require an engineer to attend site we require an official Company order on headed note paper. Cost of the visit will be charged if the problem turns out not to be covered by the warranty. Should you have any queries or need advice on any of the above please do not hesitate to contact any member of the After Sales Team.

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