WARRANTY FORM

ezfurn
furniture made easy.

Warranty Claim Form

1.RETAILER / SELLER DETAILS (IF APPLICABLE)

Store / Retailer Name: _____

Contact Person: _____

Phone / Email: _____

Store Address: _____

2. CUSTOMER DETAILS

Customer Full Name: _____

Company (if applicable): _____

Address: _____

Phone: _____

Email: _____

3. PRODUCT & PURCHASE DETAILS

Product Name / Model / SKU: _____

Quantity: _____

Invoice / Order Number: _____

Date of Purchase: ___ / ___ / _____

Date of Delivery (if different): ___ / ___ / _____

Place of Purchase: _____

IMPORTANT: Claim cannot proceed until proof of purchase is provided.

4. CLAIM DETAILS

Describe the defect / issue (include exact location on product, e.g., left armrest, frontleft leg, seat cushion stitching):

_____

_____

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When did the issue first occur?

_____

Is the item currently in use? ☐ Yes ☐ No

Have any attempts been made to repair/clean/rectify the issue? If so, describe:

_____

_____

5. SUPPORTING EVIDENCE (ATTACH WITH CLAIM)

☐ Proof of purchase (invoice/receipt)

☐ Photos: fullview of item + closeup of defect

☐ Video of the defect (if applicable)

6. PREFERRED OUTCOME (SUBJECT TO ASSESSMENT)

☐ Repair

☐ Replacement (same or equivalent item)

☐ Refund

7. MANUFACTURER RECOMMENDATION (OFFICE USE)

☐ Repair ☐ Replace ☐ Refund ☐ Decline (reason): _____

Parts required / actions: _____

Approved by: _____ Date: ___ / ___ / _____

8. DECLARATION

I declare that the information provided is true and accurate and that I am the original purchaser. I understand the manufacturer may inspect the item and determine the appropriate remedy in line with the product warranty and the Australian Consumer Law.

Customer Signature: _____ Date: ___ / ___ / _____