



WARRANTY CLAIM FORM

www.candock.com

candock@candock.com

9441, Bourque Blvd.
Sherbrooke (Qc) J1N 0G2

OFFICE|BUR. **819 847-2599**
T.FREE|S. FRAIS **1 888 547-2599**
FAX|TÉLÉC. **819 847-3250**

WARRANTY CLAIM FORM

REQUESTED INFORMATION

In the event of a claim related to a potential manufacturing defect of a registered CANDOCK product, please complete the proper following section. Take note that the first the section is reserved for the "Client"; the second one is for the "Distributor"; and the last one is addressed to the "Manufacturer" CANDOCK. Make sure to send all of the requested informations and note that incomplete applications will be considered DENIED. The form must be completed by hand and returned by fax or scanned and sent by email at the following adress: candock@candock.com.

Other requested files (photos and copies of invoices) should be scanned and sent by email to candock@candock.com .

CLIENT SECTION

o CUSTOMER NAME : _____

ADRESS : _____

PHONE #. : _____

E-MAIL : _____

DETAILED DESCRIPTION OF THE PROBLEM :

DATE OF BREAKAGE: _____

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CLIENT SECTION

0 OTHER REQUESTED DOCUMENTS AND FILES TO BE SENT BY EMAIL:

- ① IMAGES OF THE GLOBAL INSTALLATION.
- ② IMAGES OF THE DEFECTIVE PRODUCT **AND** THE PROBLEM ITSELF.
- ③ INVOICE COPY.

DATE : _____ SIGNATURE: _____

DISTRIBUTOR SECTION

0 DISTRIBUTOR NAME: _____

DETAILED DESCRIPTION OF THE PROBLEM:

DATE : _____ SIGNATURE: _____

MANUFACTURER SECTION

DATE OF RECEIPT : _____

	YES	NO
WARRANTY ACTIVATED :	<input type="radio"/>	<input type="radio"/>
ANY MODIFICATIONS TO THE ORIGINAL INSTALLATION :	<input type="radio"/>	<input type="radio"/>
INSTALLATION IS CONFORM TO STANDARDS :	<input type="radio"/>	<input type="radio"/>

DETAILED ANALYSIS :

CAUSE OF THE PROBLEM :

CONCLUSION :

PRODUCT IS COVERED BY WARRANTY?

YES

NO

DESCRIPTION OF RESTITUTION :

ALLOWED TIME AND EXPANSES OF REPLACEMENT :

RESPONSIBLE: _____

DATE : _____ SIGNATURE: _____