ZANDA ARCHITECTURAL HARDWARE



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PRODUCT ISSUE REPORT FORM

irst Name:	Last Name:
Phone Number:	Email Address:
Full Street Address:	
Reported Zanda Item—Code:	
Reported Zanda Item—Description:	
Product Issue Category:	
O Mechanism O	Finish O Other:
Details of Issue/s:	
	Date of Initial Issue Occurrence:
Number of Products affected:	
Number of Products affected: Point of Purchase (Name of Zanda Distribu	utor): Date of Purchase:
Number of Products affected: Point of Purchase (Name of Zanda Distribu	utor): Date of Purchase: stributor): *Note;
Number of Products affected: Point of Purchase (Name of Zanda Distribu Zanda Invoice Number (Obtained from Dis	utor): Date of Purchase: stributor):
Number of Products affected: Point of Purchase (Name of Zanda Distribu Zanda Invoice Number (Obtained from Dis	utor): Date of Purchase: stributor): *Note; Proof of purchase MUST be supplied
Number of Products affected: Point of Purchase (Name of Zanda Distribu Zanda Invoice Number (Obtained from Dis Name of Installing Carpenter:	stributor): *Note; Proof of purchase MUST be supplied AND
Number of Products affected: Point of Purchase (Name of Zanda Distribu Zanda Invoice Number (Obtained from Dis Name of Installing Carpenter:	stributor): *Note; Proof of purchase MUST be supplied AND
Number of Products affected: Point of Purchase (Name of Zanda Distribu Zanda Invoice Number (Obtained from Dis Name of Installing Carpenter: Any other notes:	stributor): *Note; Proof of purchase MUST be supplied AND

product in question and does not cover costs such as install, carpentry costs, or any other external costs.

Please Sign Here: