

Customer Concern Claim form



* = Mandatory fields

Please send this claim form to info@titustekform.com.au with any accompanying documents and images.

Claim Details	
Type of Claim :*	Other
Date:*	
Item Code: (*if product claim)	
Item Description: (*if product claim)	
Titus Tekform Invoice Number:	
Description of issue/complaint:*	
Please provide:	Image of damaged product* Copy of proof of purchase* Copy of proof of professional installation
Company Details	
Company Name: *	
Company address: *	
Name of Installer:	
Customer ID number:	
First name: *	
Last name: *	
Contact Information	
Email:*	
Contact number: *	
Preferred contact method: *	
Additional Customers (Names and Email addresses)	

All claims to be sent to info@titustekform.com.au for processing.