

## Laminate Warranty Sheet

Model name

All Type Flooring invoice #:

Physical Address

Customer contact details

Name:

Email:

**Telephone:** 

Description of issue:

Date of inspection and by whom

PO Box 606 Mount Hawthorn WA 6915 <u>atfsales@iinet.net.au</u> M: 0414403933 ABN: 68 778 537 123



## Date of inspection by AllType Flooring

## **Findings of inspection**

Action to be conducted by All Type Flooring

Photographs	Date photographs taken
provided	

Other physical evidence provided		

Approval by All Type Flooring must occur prior to any works being undertaken. Costing is at fixed price. Failure to adhere to this process will lead to warranty being void.

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