

Warranty Claim

| Branch Name | Davey Acc. No. |
|---|-----------------|
| | |
| CONSUMER DETAILS | |
| Name | |
| | |
| Address | Phone |
| | |
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| | |
| PRODUCT DETAILS | |
| Consumer's Original | Date of Failure |
| Date of Purchase | |
| Product Code | |
| | |
| Serial Number | |
| Brief description of issue/fault symptoms | |
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- > Once completed, please email to sales@davey.com.au
- > Please retain the pump for 4 weeks. Davey will notify you within this period if this unit is required to be returned for further inspection.
- > 2 year replacement warranty valid from original purchase date.

Please note EVERY request for warranty MUST have a copy of original proof of purchase attached.