## Cee Jay

## Warranty Form

DATE	
CUSTOMER NAME	
CUSTOMER ADDRESS	
CUSTOMER PHONE #	
PROOF OF PURCHASE	*PLEASE ATTACH WITH WARRANTY FORM*
PURCHASED FROM	
DATE PURCHASED	
PLUMBERS NAME	
PLUMBERS LICENCE #	
PRODUCT NAME	
PRODUCT CODE	
PRODUCT FAULT DESCRIPTION	
	etails and agree to pay all plumbing costs if fault is water pressure and any other above reasons as listed
Signature	
Name	Date



accounts@ceejay.com.au FAX: 02 9793 8870