

he Lead	ders in Performa Chase D	mce Products Clails	Warranty Dep Rocket Indust 40 Huntingwood Huntingwood Ph. (02) 8825 Fax: (02) 8825 Email: warran	ries od Driv NSW 2 1986 5 1987	Co re to 1148 for co wit	implete this form and include the product/s you are returning a claim. You must attach py of the purchase invoice that this form. No claims will be cepted without all paperwork.	
Account No: Acco			ount Name:			Date:	
Conta	ct Name:			Cor	ntact Phone No	o. ()	
Purch	ase Invoice N	o:			Date Purchased:		
Pro	duct De	tails				ned to Rocket within 30 days rned after 30 days.	
QTY	Part No.	Description:				Reason for Return:	
	•	U	CEINE II	ic.	MIN	'	
		U	FFICE U	90			
Retur	n Action: Ac	cepted	Rejecte	d	Reason:		
Credit	t Note Referen	ice:					
Detail	s of Action:						
lama a	of Creditor:		Sic	gnatui	· · · · · · · · · · · · · · · · · · ·	Date:	