

WARRANTY CLAIM FORM

DATE OF PURCHASE:	ITEM NAME (e.g. Jacob Sectional) AND FABRIC:
PO # OR ACK #:	
TAG NAME:	
VGD INV#:	
RETURN AUTHORIZATION # (BY VGD):	

STORE NAME & CONTACT:	
STORE PHONE:	STORE FAX:

CUSTOMER NAME:	
CUSTOMER ADDRESS:	
CUSTOMER PHONE #:	CUSTOMER CELL #:

DESCRIPTION OF CLAIM:
PLEASE EMAIL A DIGITAL PICTURE TO VAN GOGH DESIGNS: Emailed? YES ___ NO ___

SIGNATURE:

SEND TO	
WARRANTY CLAIM DEPARTMENT, VAN GOGH DESIGNS FURNITURE LTD., 19178 - 34A AVE., SURREY, BC CANADA V3Z 1A7	PHONE: 604-372-3001
	FAX: 604-372-3002
	EMAIL: claims@vangoghdesigns.com