

Product Description/ID: _____

Date of Purchase: _____

Date of Claim: _____

Dealer Name: _____

Dealer Invoice Number: _____

Dealer Representative: _____

Purchasers Name: _____

Purchaser Company: _____

Tool Operator Name: _____

Operator Phone Number: _____

Project ID: _____

Job Site

Address: _____

Operator email: _____

Reason for claim, please be specific in how product was being used:

(Note to Dealer; Please fax or email-scan completed copy to contact below.)

(Subject line "YOUR COMPANY NAME: CLAIMS DEPARTMENT")

Snapedge Canada Ltd. o/a Great North Hardscape

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