



REDi-lite Pty Ltd
Unit 4/ 5 Ace Cres
Tuggerah. NSW 2259
PH: 1300 559 986
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ABN: 26 124 105 193

Warranty Claim Form

Section 1. End user Information (customer)

Name: _____

Address: _____

City: _____ State: _____ P/C: _____

Phone: _____ Email: _____

Place of original purchase: _____

Date of original purchase: _____ * Please provide proof of purchase along with warranty claim

Section 2. Product Information

Product Type: _____

Describe the problem: _____

Who originally installed the Product: _____

Has any action or attempt been made to rectify the problem? Yes No

If yes, please explain:

Section 3. Redilight Distributor Information

Name: _____

Phone: _____

Comments: _____

Note: This warranty claim form is to be read and submitted in accordance with the Redilight warranty policy, failure to do this will void the warranty.

Please email to- info@redilight.com