## ALFRED ST.

If your product has been damaged, or has a fault or defect, please fill out this form.

If you think your item has been damaged by the carrier, please include a copy of the consignment note with the rejection noted.

Email the completed form with supporting photographs to repairs@ejp.co.nz so that we can start the repairs process and we will endeavor to get back to you within 72 hours.

## © REPAIR FORM

Repair number (interr	nal use):			
Date:		Contact Nam	ne:	
Company Name:				
Branch:				
Phone:	one: Mobile:			
END USER DET	ΓAILS			
Name:				
Address:				
Phone Number:				
Design/Combination: Fabric/Colour:				
Leg/Foam details (if re	elevant to repai	r):		
EJP Invoice Number:			Date of Purchase:	
Company PO:				
Carrier Docket (if carri	er damage):			
COMPONENT		/ m / n m n n n + :	261	
COMPONENT A		prease tr		
Carrier Damage	Feet		Foam	
Fabric	Frame		Bed Mechanism	
Other				
GENERAL FAU	LT DESCRI	PTION		

ARE YOU THE ORIGINAL PURCHASER?