



CLAIM FORM

HELPING TO UNDERSTAND YOUR NEEDS

PLEASE ENSURE THAT YOU REFER TO OUR TERMS AND
CONDITIONS BEFORE SUBMITTING THIS FORM.
ONCE COMPLETED PLEASE FAX BACK TO (02) 9587 8911

Step 1

To resolve this matter quickly and efficiently we need to know a little more information about your job.

Name: Contact Number:

Business Name: Invoice Number:

Step 2

Please outline what was quoted originally.

Original Quote:

Step 3

Please outline your concerns about this matter.

Job Concerns:



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Step 4

Do you feel that your Select Print Solutions Representative was helpful throughout this process?.

Name:

Reason:

Step 5

Requested Outcome

Outcome:

**PLEASE ALLOW 5 WORKING DAYS FOR THIS CLAIM TO BE
PROCESSED THROUGH OUR SYSTEM**

Thank you for taking the time to fill out this claim form.
We value you as our customer and we will do our absolute best to ensure that this matter is resolved.