

# Customer Support Registration Form

Please take a moment to complete this form with the correct details to enable us to process your request efficiently. Once you have submitted this form we will endeavour to get back to you as soon as possible.

DETAILS OF CUSTOMER (PROPERTY WHERE INSTALLED)	DETAILS OF INSTALLER
CLIENT NAME	INSTALLER NAME
CONTACT NO	CONTACT NO
MOBILE NO	MOBILE NO
ADDRESS	ADDRESS
POSTCODE	POSTCODE
EMAIL	EMAIL

DETAILS OF HEATING MAT INSTALLATION	PURCHASE DETAILS
ROOM WHERE FITTED	DATE OF PURCHASE
CONCRETE OR TIMBER SUBFLOOR	WHERE PURCHASED
SIZE OF MAT	DOCUMENTATION DETAILS
STOCK NO	PLEASE CONFIRM THAT YOU HAVE THE FOLLOWING DOCUMENTS AVAILABLE, THESE WOULD HAVE BEEN LEFT WITH THE HOUSEOWNER ON COMPLETION
SERIAL NO	WARRANTY FORM
RCD FITTED	FACTORY TEST CERTIFICATE
INSTALLATION DATE	PURCHASE RECEIPT
PART P CERTIFICATE NO	

ADDITIONAL COMMENTS
PLEASE USE THIS SPACE FOR ANY OTHER DETAILS OR OBSERVATIONS ABOUT THE PROBLEM YOU ARE EXPERIENCING

DECLARATION		
I CONFIRM THAT THESE DETAILS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		
SIGNED	NAME	DATE