



L U X U R Y   C A N D L E   S U P P L I E S

## Wax Melter Warranty Claim Form

### Customer Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First Last M.I.*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of purchase: \_\_\_\_\_ Order no.: \_\_\_\_\_

### Failed Part Information

Date of claim: \_\_\_\_\_

Please select which machine is faulty:

☐ 9Lt Wax Melter ☐ 16 Lt Wax Melter ☐ 27 Lt Wax Melter

#### Reason for repair/replacement

*Please specify further details regarding the fault/damage. Please attach any relevant imagery to the faulty part to this form.  
Please attach additional pages as required.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Returns Information

Please return any failed part/s with the completed Warranty Claim Form enclosed to:

***Luxury Candle Supplies***

*Unit 6, 39 Steane Street, Fairfield VIC 3078*

Any shipping expenses relevant to returned parts will be organized as a credit to the customers account.