

Warranty Request Form

Warranty Required	
Ambro Invoice no.	
Customer / Owner	
Building Address	
Colour & Coating System	
Coil & Box Details	
New Roof or Re-roof	
Building Type If commercial please specify i.e. School, Medical Centre, Office Space, etc.	
Installation Date(s)	
Installer Company	

14 Timothy Place , Avondale
PO BOX 15599, New Lynn
Auckland 0604
p +64 9 828 1814 or 0800 484 111