

Defective Product Return Claim Form

Please complete this form and include it inside the package with the defective product you are returning.

1. Customer Information

Full Name:

Email Address:

Phone Number:

Shipping Address:

City, State, Zip:

2. Purchase & Product Details

Order / Receipt Number:

Date of Purchase:

Product Name / Description:

Product SKU or Item Number:

Serial or Batch Number (if applicable):

3. Defect Information

Date Defect Was Noticed:

Detailed Description of Defect:

4. Preferred Resolution

Please type "YES" next to your preferred resolution:

Replacement (Same Product):

Refund to Original Payment Method:

Store Credit:

5. Authorization and Signature

By signing below, I certify that the information provided is accurate and the product was defective under normal use conditions.

Customer Signature:

Date: