



WARRANTY CLAIM FORM

REASON CODES
1 - DEFECTIVE OUT OF BOX
2 - FAILED IN USE

DATE _____ ACCOUNT NAME _____ ACCOUNT NUMBER _____ CONTACT NAME _____ CONTACT PHONE NUMBER _____

SHIP TO ADDRESS _____ CITY _____ STATE _____ ZIP _____ EMAIL ADDRESS _____

INVOICE NUMBER	QUANTITY RETURNED	PART NUMBER	PART DESCRIPTION	REASON CODE	DETAILED DESCRIPTION OF ISSUE	RESHIP? (CHECK ONE)
						_Y _N
						_Y _N
						_Y _N
						_Y _N
						_Y _N
						_Y _N
						_Y _N
						_Y _N
						_Y _N
						_Y _N
						_Y _N
						_Y _N
						_Y _N
						_Y _N
						_Y _N

NOTE: If proof of purchase cannot be verified, warranty claims will be denied.

Email to: cfsreturns@smalink.com