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

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

E-Mail to: smareturns@smalink.com

Click to Email (doesn't work from web browsers)