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

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