

ZAMP SOLAR WARRANTY CLAIM FORM

CUSTOMER INFORMATION

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE _____ EMAIL: _____

DEALER INFORMATION

DATE: _____

COMPANY _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE _____ EMAIL: _____

CLAIM INFORMATION

ITEM # _____ DATE OF PURCHASE: _____

REASON FOR RETURN: _____

INSTRUCTIONS

Complete form and include a copy of customer's proof of purchase along with product. Upon receipt Zamp Solar will repair or replace the item. Zamp Solar will provide return shipping of the repaired or replaced item to the customer or dealer. Zamp Solar is not responsible for shipping charges to return item to our facility. Warranty covers frame to frame for one year.

Return in original shipping box to:

ZAMP SOLAR

ATTN: MIKE BRADFORD

61235 PARRELL RD

BEND, OR 97702

RECEIVED BY: _____ DATE RECEIVED: _____

REPAIRED & RETURNED REPLACED WITH NEW

DATE RETURNED: _____

NOTES: _____
