

CLAIM FORM

(Note: Please print clearly. Use all CAPITAL letters)	
Request Type:	[] Replacement [] Return
Product:	
Your Name:	
Address:	
Email (in all CAPS):	
Date of Purchase	
Store Purchased From:	
Description of Problem:	

Instructions: Please securely pack in a box or padded envelope, include a copy of your original purchase receipt, add tracking for the package, and please return the product and this form to:

Canlock Care 1610 Lockness Place Torrance, CA 90501