



CTRL Wakeboards Warranty Claim Form

Must accompany all requests for Warranty Claims

Please fill out your personal information in this section below. The information you provide must match the information on the original order. If we can't find your original order information, we will not be able to process your request. Please print clearly.

Customer #: _____

Order #: _____

Name: _____

Daytime Phone #: _____

Address: _____

City: _____

State: _____

Zip: _____

Alternate Phone #: _____

E Mail Address: _____

What item are you returning? _____

What specifically is wrong with the item:

Where is the defect located? Please be specific. _____

Internal use only

Date Received:

Date Returned to manufacturer:

Date Warranty Complete:

Date Customer Contacted:

Warranted

NOT Warranted Please provide information of why item is not covered if possible.

