

CONSUMER WARRANTY CLAIM FORM

This form must be completed and submitted in order for your Claim to be processed.

Today's Date	
My Full Name	
My Ship To Address (Street, City, State, ZipCode)	
My Daytime Telephone #	
My Email Address	
Date on my Receipt	
Where I bought my item	
Exhart ITEM # (You may find this either on the original box or the barcode on the item, or on our website)	
Please provide an explanation why you are requesting a Warranty Claim.	
start the claim process that are form problem area. You must include these. Send a Copy of your receipt. 3. Your claim will not be processed unterested to the service of	or damaged, you MUST include in your email submission Two (2) photos of your item to natted as follows: (1) a Zoomed out photo of the entire item; (s) a Close-up of the specific se as attachments to your email to us. Itiliall information identified herein is received. YOUR PRODUCTS UNTIL EXHART HAS INSTRUCTED YOU TO DO SO. That is not been met, we reserve the right to either replace defective parts or provide a cur discretion, within the warranty period. Substiness days to process. Yed our usual standard of excellence, we may at our discretion, replace defective parts or INTHE WARRANTY PERIOD. Substitution of the shipment of replacements or parts. In the provide your credit card information for the shipment of replacements or parts. In the shipment of replacements or parts.
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Signature	 Date