

# WARRANTY FORM

Thank you for trusting our vision!

Please complete the warranty form to initiate your warranty claim.

Name:

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Phone #:

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Address:

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E-mail:

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Date of Purchase:

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Location of Purchase:

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## Select Your Product:

OTF

FIXED

FOLDING

**Paid return shipping label or \$10 return fee**

**THANK YOU FOR TAKING THE TIME TO COMPLETE OUR  
WARRANTY FORM**