



# WARRANTY CLAIM FORM

Instructions:

1. Warranty claim form is **for U.S. Customers ONLY**.
2. Complete Entire Form
3. Include a **COPY** of the original dated purchase receipt or Shelta Receipt # \_\_\_\_\_
4. Ship the warranty item via a TRACEABLE carrier to:

**Shelta Inc.**  
**Attn: Warranty**  
**7040 Avenida Encinas Suite 104**  
**Carlsbad CA 92011**

Please contact [www.sheltahats.com/customerservice](http://www.sheltahats.com/customerservice) if you have any questions or concerns.

## **Customer Information:**

Name: \_\_\_\_\_  
 Address (USPS): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone:(\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

## **Warranty** (Please be specific and mark defect with tape)

- ( ) Sewing or Seam Quality: \_\_\_\_\_
- ( ) Eyelet, Toggle or Cinch Failure: \_\_\_\_\_
- ( ) Fabric Material Defect: \_\_\_\_\_
- ( ) Plastic Visor Defect: \_\_\_\_\_
- ( ) Other: \_\_\_\_\_

Please note that the following is **not covered** under our warranty.

1. *Fabric STAINS caused by Perspiration, contact with Chemicals, Sap or Repellent Sprays*
2. *Fabric, Material, or Components that have been torn, ripped or broken by abuse or accident.*
3. *Creased Plastic Visor*

Warranty replacements or returns will be shipped to the above address. Turn-around processing requires 4 business days not including shipping time. MUST be in clean & washed condition when returned for warranty consideration

\_\_\_\_\_  
 (Customer Signature) (Date)

Office use only:

- ( ) Covered Under Warranty
- ( ) NOT Covered Under Warranty Reason: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_