

# PROFORCE EQUIPMENT, INC.

## CONSUMER WARRANTY CLAIM FORM

RETURN DATE

/ /

**INSTRUCTIONS**

Send this completed form, proof of purchase and the item you are returning to:

**Proforce Equipment, Inc.  
Attn: Warranty Claim Department  
3230 Executive Way  
Miramar, FL 33025**

- All products have a **One Year Warranty from the Date of Purchase** from an Authorized Dealer.
- Only goods having a manufacturing or material defect will be considered for repair or replacement.
- **Proof of Purchase Required for Warranty Claim.**

|                             |           |  |  |        |  |     |
|-----------------------------|-----------|--|--|--------|--|-----|
| <b>CONTACT INFORMATION-</b> | NAME      |  |  |        |  |     |
|                             | ADDRESS 1 |  |  |        |  |     |
|                             | ADDRESS 2 |  |  |        |  |     |
|                             | CITY      |  |  | STATE  |  | ZIP |
|                             | PHONE     |  |  | E-MAIL |  |     |

**PURCHASE INFORMATION**

|                         |     |
|-------------------------|-----|
| PURCHASED FROM (DEALER) |     |
| DATE OF PURCHASE        | / / |

**ITEM(S) BEING RETURNED**

|           |  |       |  |            |  |
|-----------|--|-------|--|------------|--|
| ITEM NAME |  |       |  |            |  |
| ITEM #    |  | UPC # |  | COLOR/SIZE |  |
| REASON    |  |       |  |            |  |
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All of the above information is considered confidential and will be used for the sole purpose for this Warranty Claim.