

# WARRANTY CLAIM FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_



## ITEM INFORMATION

PLEASE CHECK IF YOUR SHELTER IS  
BOLTLESS



PLEASE CHECK IF YOUR SHELTER IS  
BOLTED



PLEASE MARK THE SHELTER THIS CLAIM IS FOR

Z-SHADE ITEM NO: BEGINNING WITH "ZS":

*(This can be found on a sticker, on one of the frame legs toward the top)*

SHELTER NAME:

SHELTER SIZE:

TOP COLOR:

FRAME COLOR:

STORE PURCHASED FROM:

HOW LONG WAS YOUR SHELTER LEFT UP?

IF YOU NEED FURTHER ASSISTANCE WITH YOUR CLAIM,  
PLEASE GIVE US A CALL TOLL FREE AT (855) 497-4233 OR E-MAIL AT [info@zshadeusa.com](mailto:info@zshadeusa.com).

**WARRANTY CLAIM FORM - CONTINUED**

PLEASE DESCRIBE YOUR WARRANTY ISSUE:



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**PARTS DEFECTIVE OR MISSING:**

PLEASE VISIT OUR WEBSITE AT [www.zshadeusa.com](http://www.zshadeusa.com) TO VIEW A DIAGRAM AND DETAILED PARTS LIST OF YOUR SHELTER TO DETERMINE WHAT PARTS ARE DAMAGED/DEFECTIVE ON YOUR SHELTER. PLEASE INCLUDE A PICTURE OF THE DEFECTIVE PARTS WHEN SUBMITTING YOUR CLAIM.

QTY	ITEM NUMBER

QTY	ITEM NUMBER

**IN ORDER FOR US TO PROCESS YOUR CLAIM THE FOLLOWING DOCUMENTATION WILL NEED TO BE RETURNED:**

1. *COMPLETED WARRANTY CLAIM FORM*
2. *PROOF OF PURCHASE (DATED RECEIPT)*
3. *PICTURE(S) OF YOUR WARRANTY ISSUE.*

**CLAIMS CAN BE MAILED, FAXED OR EMAILED TO Z-SHADE CO. LTD.**

TO MAIL: Z-SHADE CO. LTD.  
ATTN: WARRANTY CLAIM'S  
13451 BROOKS DRIVE  
BALDWIN PARK, CA 91706

TO FAX: (951) 779-8990

E-MAIL: [info@zshadeusa.com](mailto:info@zshadeusa.com)

**A COMPLETED WARRANTY FORM MUST BE SUBMITTED WITH ALL NECESSARY INFORMATION FOR US TO BE ABLE AND PROCESS A CLAIM.**

IF YOU NEED FURTHER ASSISTANCE WITH YOUR CLAIM,  
PLEASE GIVE US A CALL TOLL FREE AT (855) 497-4233 OR E-MAIL AT [info@zshadeusa.com](mailto:info@zshadeusa.com).