

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

ITEM NO: BEGINNING WITH EITHER:
"ZS" "ES" "MM" "MOS"

(This can be found on a sticker, on one of the frame legs toward the top OR on the inner truss by the outer leg)

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 custsvc1@zshadeusa.com.

WARRANTY CLAIM FORM - CONTINUED

PLEASE DESCRIBE YOUR WARRANTY ISSUE:



PARTS DEFECTIVE OR MISSING:

PLEASE VISIT OUR WEBSITE AT 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 FAXED OR EMAILED TO Z-SHADE CO. LTD.

TO FAX: (951) 779-8990

E-MAIL: custsvc1@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 custsvc1@zshadeusa.com