



WARRANTY CLAIM FORM

CONTACT'S NAME: _____

TODAY'S DATE: _____

INVOICE NUMBER FOR DEALERS/DISTRIBUTORS: _____

NAME OF STORE: _____

CONTACT'S DAYTIME TEL #: _____

CONTACT PERSON'S EMAIL ADDRESS: _____

ITEM #: _____

DETAILED EXPLANATION FOR CLAIM: _____

REQUESTED RESOLUTION: REPLACEMENT

IN HOUSE CREDIT FOR DEALERS/DISTRIBUTORS ONLY

Note: **Must** submit the following to start the claim process. If all applicable items are not submitted the claim will be delayed until all required items are received:

1. Two (2) photos: 1 Zoomed out photo of the item; 1 Close-up of the specific problem area.
(Photos are needed only when applicable such as physical defects or when physical damage has occurred.)

2. Copy of Receipt stating date of purchase

EMAIL: JOANNA@ALPINE4U.COM

Tel#(562)-529-8900 Fax#(562)-529-8955

4901 Zambrano Street, Commerce CA 90040

We stand by our product 110% but in the event that we have not achieved our usual standard of excellence, we will repair or replace product at our discretion, within the warranty period.

DO NOT DISPOSE OF THE PRODUCT AS ALPINE MAY NEED IT BACK FOR QC TESTING UNTIL YOU HAVE BEEN ADVISED TO DO SO

WARRANTY CLAIMS GENERALLY TAKE 3 - 5 WORKING DAYS TO PROCESS

**** WHEN RECEIVING REPLACEMENTS AFTER 30 DAYS OF PURCHASE YOU ARE RESPONSIBLE FOR THE SHIPPING CHARGES TO YOU. ****

Form Version 10/11/11 V.11

RMA# _____ (office use only)