



SEATTLE MANUFACTURING CORPORATION

SMC Warranty/Recall Claim Form

Personal Information *Required	
*Name:	
*Email:	
*Phone Number:	
*Address:	
*City, State, Zip Code:	
Product/Model Being Returned:	
Quantity:	
Purchase Date:	
Retailer Purchased from:	
*Warranty return preference, please select one:	Refund by check

Description of any damage/issues with the product: _____

*By returning my product, I authorize SMC (Seattle Manufacturing Corp) to process my claim per my selection. *If my product is repaired, I understand that SMC will attempt to satisfy my selection to the best of their ability, but a replacement or refund may be required.*

Customer signature (print): _____ Date: _____

TO BE FILLED OUT BY SMC:

Product Tracking #: _____

Product Received: Type: _____ Qty: _____ Date: _____ Initials: _____

Refund Processed: N/A: Date: _____ Initials: _____

Received by Engineering: Log Updated: Product Marked & Stored: Date: _____ Initials: _____
NCR (as needed): _____

Final Disposition: _____

Customer Notified:

Re

Refunded:

Date: _____ Initials: _____

Quality Gear for Life

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