

InterVac Retail Warranty Claim

Kindly fill out this form and send it by email at intervac@intervacdesign.com

A copy of the proof of purchase must be submitted with this claim

Return Authoizrization

RA # (if provided)

Customer Information

Name:

Address:

City, State:

Zip:

Fax:

Phone Number:

Email address:

Claim Information

Product Code or Product Name	Date of purchase	Description of issue (be as specific as possible)

I herby certify that all of the information on this claim is correct. Furthermore, I confirm that the defective products have been verified and deemed to be faulty due to a manufacturer's defect.

Name:

Signature: