

S U M M E R  C L A S S I C S

O S & D Specialist

Phone: 205-987-3100

Fax: 205-987-3150

Please fill out, and forward this form back to Summer Classics for your request for a warranty claim/Request for replacement. Summer Classics will be glad to help you resolve this issue as outlined in our Summer Classics Limited Warranty found in your price list and on the tag attached to the product. However we need detailed information from you to properly assess what we need to do.

The purpose is for Summer Classics to be able to track the reasons for replacements so that we can monitor what may be problems in production, shipping or various other reasons for claims.

Please fill in the following items, give as detailed a description as you can, and also attach a picture of the actual damage to the product, if we are unable to assess the damage from the picture or have further questions we may have your sales rep contact you.

Vendor Name _____

Original Sales order or PO # _____

Invoice # _____

Date of Purchase: _____ Item # _____

Delivery Date to End Consumer: _____

End Consumer's Address*: _____

*For Coastal States Only

Detailed description of reasons for claim: _____

For merchandise received damaged:

Did you inspect the merchandise as it was delivered from the freight company?

Yes _____ No _____ No Damage _____

Did you notify the freight company of damage at that time? Yes _____ No _____

Concealed damage must be reported to freight company within 15 days of delivery.

Name of person filing claim _____

Number to contact you _____

Fax number _____

RMA's can also be requested thru www.summerclassics.com under Dealer Tools.

Thank you for your cooperation in this matter.