



Warranty Claim Form

PLEASE COMPLETE THIS FORM ENTIRELY. ALL INFORMATION IS REQUIRED IN ORDER TO EVALUATE AND PROCESS YOUR CLAIM.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Product: _____

Product Color: _____

Frame Type: _____

Other: _____

Describe the broken part and how it happend:

How many days have you used your shelter since purchasing it? _____

How long do you normally keep your shelter up at one time? _____

All warranty claims must show proof of purchase*, by fax, email or mailing a copy of their original purchaser receipt along with this warranty claim form to:

Email: warranty@premier tents.com

Mail: Warranty Dept
2219 James Street
Bellingham, WA 98225

Fax: 360-603-9529

*Your product may longer be under warranty if purchased more than 2 years ago.

