

Warranty Claim Form

return this completed form with equipment & proof of purchase to Crazy Cheap Fitness

Invoice Number:	
Purchase Date:	
New or Secondhand or Demo Conditon when purchased:	
Customer Details	
Name:	
Address:	
Daytime Contact Phone Number:	
Email Address:	
Preferred contact method:	
Product Details	
Model Number:	
Brand:	
Description:	
How Old?	
Problem Description	Details
Receiving Team Member:	Date/Time:
Proof of Purchase attached:	
Conditon of Equipment:	
Missing Parts:	
Damage:	
Working/Not Working:	
Comments:	