



Warranty Claim Form

Phone: (800) 654-7000 x 2105

Fax back to: (800)972-5714

E-mail to: warranty@tropitone.com

INTERNAL NOTES (Tropitone use only) SO #			
Order Type:		Rep:	
RGA / PO / RE:			
RGA REASON CODE:		DOP:	
Freight Terms:		CSR:	
Note:			

(CLAIMS WILL NOT BE PROCESSED WITHOUT PROOF OF PURCHASE)

Bill to Acct:	Date Submitted: 06/30/15	SHIPPING INFORMATION	
Completed by: April Hutchins		Account Number:	
Dealer's Name: Leader's Casual Furniture		Dealer/End user: Dealer (same)	
Phone: 727-538-5577		Phone:	
Address: 6303 126th Avenue North		Address:	
City: Largo		City:	
State: FL	Zip Code: 33773	State:	Zip Code:
DEALER / REPAIR OR CARRIER CONTACT INFO		PO/Side Mark: rs 01054134	
Contact Name:		Phone:	
E-mail:		Fax:	

PRODUCT INFORMATION						
Qty	Model #	Frame Color	Fabric #	Strap Color	Original Tropitone	
					Sales Order #	Purchase Date
3	450401	ABR				09/13/2006
2	450470	ABR				09/13/2006
1	800184	ABR				09/13/2006

Please state below a description of problem(s) encountered:

CUSTOMER HAVE BUBBLING AND PEELING AND SHE MAINTAINS ON A VERY REGULAR BASES

Please state below a detailed description of your requested action?

REPLACE ANT NO CHARGE

**WARRANTY CLAIMS WILL NOT BE PROCESSED WITHOUT COMPLETE INFORMATION.
(RECEIPT & PICTURES ARE REQUIRED FOR EXPEDIENT PROCESSING!!)**