



Warranty Claim Form

Color Guard® Inc.
P.O. Box 28
Sheboygan Falls, WI 53085
Phone: 920-467-8640
Fax: 800-638-4695

Name: _____

Address: _____

Phone:() _____ Fax:() _____

Place of Purchase: _____

Address: _____

Date of Purchase: _____

Description of Part that Failed: _____

Detailed Description of the Failure: _____

Claimant is responsible for pre-paying all shipping charges. Charges for the claim will be as

follows: _____

Proof of purchase if necessary.