

Warranty Claim Form

Date:	Contact Name:
Company Name:	
Contact Phone #:	Email Address:
Address:	City:
State:Zip:	_
Delivery Address:(If different	City: t than billing address)
BVC Order/Invoice #	Customer PO#
Assembled? Yes No	Was there visible damage upon arrival? Yes No
Qty Product Code	Description of damage or defect
a warranty claim. One (1) photo she distance of approximately three (3 submitted within 72 hours of received. Warranty clabeen received. Once the claim is approximately approximately submitted within 20 hours of the claim is approximately submitted.	ims as soon as this form is filled out and signed by the customer, and photos have opproved, BVC will provide replacement item as quickly as it is reasonably possible additional information regarding any claim made. BVC Manager: BVC Manager: