



Warranty Return Form

(Please print form and send with warranty item.)

Your Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Alt. #: _____

E-mail: _____

Name of Item Being Returned: _____

Model: _____

Size: _____ Color: _____

Date of Purchase: _____

(Copy of original receipt must be included with warranty submission)

Detailed Description of Claimed Defect:

Signature: _____ Date: _____

Please ship to the following address:

Trialtir USA
Warranty
5800 Windfern Lane
Houston, TX 77041