



Warranty Claim Form

Date: _____

Sold To:

Company Name _____

Contact _____

Street _____

City, State, Zip _____

Phone _____

Fax _____

Ship To:

Company Name _____

Contact _____

Street _____

City, State, Zip _____

Phone _____

Fax _____

Original Invoice Number _____

Date of Purchase _____

Qty	Item #	Description and Color	Description of Problem

RA Number: _____

Please call 800-891-1869 or e-mail csr@prezenta.com to obtain a Return Authorization number to reference with your return.