WARRANTY CLAIM FORM							
NAME:							
ADDRESS:	SHADE						
CITY, STATE, ZIP:							
PHONE:							
FAX:							
E-MAIL:							
ITEM INFORMATION							
PLEASE CHECK IF YOUR SHELTER IS BOLTLESS	PLEASE CHECK IF YOUR SHELTER IS BOLTED						
PLEASE MARK THE SHELTER THIS CLAIM IS FOR							
Z-SHADE ITEM NO: BEGINNING WITH "ZS":							
(This can be found on a sticker, on one of the frame legs toward the top)							
SHELTER NAME:	SHELTER SIZE:						
TOP COLOR:	FRAME COLOR:						
STORE PURCHASED FROM:							
HOW LONG WAS YOUR SHELTER LEFT UP?							
IF YOU NEED FURTHER ASSISTANCE WITH YOUR CLAIM, PLEASE GIVE US A CALL TOLL FREE AT (855) 497-4233 OR E-MAIL AT info@zshadeusa.com.  PAGE 1 OF 2							

WARRANTY CLAIM FORM - CONTINUED						
PLEASE DE	SCRIBE YOU	UR WARRANTY ISSUE:			SHADE	
YOUR SHEL INCLUDE A	TER TO DE PICTURE OI	BSITE AT www.zshadeusa TERMINE WHAT PARTS AF F THE DEFECTIVE PARTS	RE DAMAGE	EW A DIAGRA D/DEFECTIVE MITTING YOU		
QTY		ITEM NUMBER		QTY	ITEM NUMBER	
<b>NEED TO</b> 1. COMPL 2. PROOF	BE RETUR ETED WA OF PURC		1 PT)	FOLLOWIN	IG DOCUMENTATION WILL	
CLAIMS	CAN BE	FAXED OR EMAILE	D TO Z-	SHADE CO	D. LTD.	
	TO FAX:	(951) 779-8990	E-MAIL:	info@zsha	adeusa.com	
A C		D WARRANTY FORM I			D WITH ALL NECESSARY CESS A CLAIM.	
		IF YOU NEED FURTHE	R ASSISTAN	ICE WITH YO	UR CLAIM.	

PAGE 2 OF 2

PLEASE GIVE US A CALL TOLL FREE AT (855) 497-4233 OR E-MAIL AT info@zshadeusa.com.