image008

**Warranty Claim Form**

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| --- | --- | --- | --- |
| **Claim Date** |  | **Your Name** |  |
| **Date of Purchase** |  | **Furniture Ship to:**  **Street Address 1** |  |
| **Dealer Name** |  | **Address 2** |  |
| **Dealer Address** |  | **City** |  |
|  |  | **State** |  |
| **Reason for Claim** |  | **Zip Code** |  |
|  |  | **Phone #** |  |
|  |  | **Email Address** |  |
|  |  | **Are you the original**  **Owner/Buyer?** |  |
|  |  | **Have you claimed**  **these items before?** |  |

**Please list the damaged items. Item numbers can be found at www.breezesta.com**

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| --- | --- | --- | --- | --- |
| **Breezesta item #** | **Product Description** | **Color** | **QTY** | **Description of Problem** |
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We apologize for any inconvenience and want to resolve the situation.

In order for your claim to be processed, please include the following items with this claim form:

1. **Photos of the Damaged Item(s). Include depiction of entire furniture item in order to determine the correct design version and damaged area.**
2. **Copy of Dealer’s Original Invoice/ Receipt**
3. **Photos of the Inspection Sticker, if available.**

Incomplete information will either prevent claim processing or cause a delay in processing your claim.

**Shipping charges will be applied to approved claims and must be paid in order for the warranty replacement order to be placed.** Please submit this completed form with the documentation listed above to: **warranty@clunlimited.com.**

Thank you. We look forward to servicing you!

Warranty Department

Casual Living Unlimited, LLC