



ChicoBag Company

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Customer Claim Number

WARRANTY CLAIM FORM

Please complete—all fields are required. ChicoBag® Company promises to use the provided information only for the purposes of this claim.

Company Name _____
Last Name _____ First Name _____
Street Address _____ Suite/Apt # _____
City _____ State _____ Zip _____
Phone _____
Email _____

PRODUCT PURCHASED

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Original | <input type="checkbox"/> Original rePETe™ | <input type="checkbox"/> Vita™ | <input type="checkbox"/> Vita rePETe™ | <input type="checkbox"/> Vita™ Karma |
| <input type="checkbox"/> Vita™ Nature | <input type="checkbox"/> Vita™ Vintage | <input type="checkbox"/> Vita™ Blossom | <input type="checkbox"/> Vita™ Timeless | <input type="checkbox"/> Sling rePETe™ |
| <input type="checkbox"/> Bottle Sling rePETe™ | <input type="checkbox"/> Messenger10 rePETe™ | <input type="checkbox"/> Messenger12 rePETe™ | | <input type="checkbox"/> Micro |
| <input type="checkbox"/> DayPack15 rePETe™ | <input type="checkbox"/> DayPack20 rePETe™ | <input type="checkbox"/> Duffel rePETe | <input type="checkbox"/> Produce Stand | |
| <input type="checkbox"/> Limited Edition | | | | |

Bag Color _____ Bag Lot # (located on inside tag) _____

Does your bag have custom artwork other than the ChicoBag™ logo? Y/N _____

Where did you purchase your bag? _____

Website www. _____ Retail/Store _____

Fundraiser (organization name) _____ Gift/Other _____

Explain in detail the exact defect with your bag. Mail, fax or email all completed forms to ChicoBag Company.

Please allow 1-2 weeks for us to process your claim. _____

NOTE: You will only be able to save typed data if you are using Adobe® Acrobat® Professional or an equivalent program. If you are using Adobe® Reader® to complete this form, please type your information below and print a copy to be mailed or faxed to ChicoBag.