

WARRANTY CLAIM FORM

Customer Claim Number _____

Please complete all fields. 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

Bamboo Utensils: <input type="checkbox"/> Classic Utensil Set <input type="checkbox"/> 5 Pack Forks <input type="checkbox"/> Kids Utensil Set <input type="checkbox"/> 5 Pack Knives <input type="checkbox"/> Kids Multipack <input type="checkbox"/> 5 Pack Spoons <input type="checkbox"/> Individual 3 Pack <input type="checkbox"/> Individual Utensil	Stainless Steel Food Carriers: <input type="checkbox"/> 3-tier Tiffin <input type="checkbox"/> Small Sidekick <input type="checkbox"/> 2-tier Tiffin <input type="checkbox"/> Large Sidekick <input type="checkbox"/> Snack Stack <input type="checkbox"/> Other _____	Stow&Go Silicone Food Containers: <input type="checkbox"/> 1 Cup Green <input type="checkbox"/> 1 Cup Gray <input type="checkbox"/> 2 Cup Green <input type="checkbox"/> 2 Cup Gray <input type="checkbox"/> 4 Cup Green <input type="checkbox"/> 4 Cup Gray
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If Utensil Set, What is the Case Color? _____

Does your product have custom artwork? Y/N _____

Where did you purchase your To-Go Ware® Product?

- Website www. _____ Retail/Store _____
- Fundraiser (organization name) _____ Gift/Other _____

Explain in detail the exact defect with the product.

Please mail this completed form along with the defective item to:

ChicoBag Attention: Warranty
 747 Fortress Street
 Chico, CA 95973

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