

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

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Original | <input type="checkbox"/> Original rePETe™ | <input type="checkbox"/> Vita™ | <input type="checkbox"/> Vita rePETe™ | <input type="checkbox"/> Duffel rePETe™ |
| <input type="checkbox"/> Sling Print Collection | <input type="checkbox"/> Vita™ Print Collection | <input type="checkbox"/> Sling rePETe™ | <input type="checkbox"/> Travel Pack rePETe™ | <input type="checkbox"/> Hobo rePETe™ |
| <input type="checkbox"/> Bottle Sling rePETe™ | <input type="checkbox"/> Messenger rePETe™ | <input type="checkbox"/> Snack Time rePETe™ | <input type="checkbox"/> Produce Stand | <input type="checkbox"/> Micro |
| <input type="checkbox"/> DayPack rePETe™ | <input type="checkbox"/> Limited Edition | <input type="checkbox"/> Sidekick | <input type="checkbox"/> Nomad | <input type="checkbox"/> Travel Zip |
| <input type="checkbox"/> Other _____ | | | | |

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.

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

ChicoBag Attention: Warranty
747 Fortress Street
Chico, CA 95973

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