



WARRANTY RETURN FORM

CUSTOMER INFORMATION		EVERLAST WARRANTY RETURN AUTHORIZATION NUMBER	
NAME:			
ADDRESS:			
PHONE:			
EMAIL:			
WARRANTY SHIPPING ADDRESS (SHIP TO)		MODEL NAME AND NUMBER	
EVERLAST SERVICE CENTER 329 Littlefield Avenue S. San Francisco CA, 94080			
DATE OF PURCHASE:		SERIAL NUMBER	
IMPORTANT: RETURN ONLY PLASMA CUTTING TORCHES WITH UNITS (IF EQUIPPED). DO NOT RETURN ANY OTHER ACCESSORIES UNLESS INSTRUCTED! ACCESSORIES SHOULD BE RETAINED FOR FUTURE USE. IF NO FAULT IS FOUND IN THE UNIT , THE ACCESSORIES MAY BE REQUESTED FOR INSPECTION.		FAILURE DATE:	
		RETURN AUTHORIZED BY:	
EVERLAST ASSUMES NO RESPONSIBILITY FOR SHIPPING DAMAGES INCURRED IN TRANSIT TO OR FROM REPAIR FACILITY. ALTHOUGH EVERLAST WILL ARRANGE SHIPPING, THE CUSTOMER MUST PAY FOR SHIPPING TO AND FROM THE REPAIR FACILITY AFTER THE 30 DAY FREE SHIPPING PERIOD ORIGINATING AT THE DAY OF PURCHASE.		TECHNICAL SUPPORT ADVISOR:	
		30 DAY RETURN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CUSTOMER DESCRIPTION OF PROBLEM/REASON FOR RETURN OR REPLACEMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)			
EVERLAST USE ONLY			
UNIT APPEARANCE:	<input type="checkbox"/> NEW <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR/DAMAGED(SHIPPING) <input type="checkbox"/> OTHER _____		
DIAGNOSIS:			
RECOMMENDATION:	<input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACE <input type="checkbox"/> OTHER _____		
REPAIR ACTION:			
IMPORTANT! RETURN AUTHORIZATION IS REQUIRED BEFORE SHIPMENT OR REPAIRS MAY BE BILLED AS OUT-OF-WARRANTY TO CUSTOMER!			
BY SIGNING, CUSTOMER ACKNOWLEDGES AFTER THE THIRTY DAY PERIOD FROM DATE OF PURCHASE, CUSTOMER IS RESPONSIBLE FOR ALL SHIPPING CHARGES TO AND FROM SERVICE FACILITY. REV. 02/18/11		EVERLAST WORKS TO PROVIDE THE BEST CUSTOMER SERVICE POSSIBLE. COMPLETION OF THIS FORM WILL FACILITATE IN THE QUICK DIAGNOSIS, REPAIR AND RETURN OF YOUR UNIT. FAILURE TO COMPLETE IT MAY DELAY REPAIR.	
Customer Signature:	Shipped Via:	Return Shipper:	Repaired/Service By:
_____	<input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input type="checkbox"/>	<input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input type="checkbox"/>	_____
Date: _____			Date: _____

CUSTOMER SHOULD SEND SIGNED ORIGINAL DOCUMENT WITH DEFECTIVE UNIT. ONE ADDITIONAL COPY SHOULD BE KEPT FOR PERSONAL RECORDS.