



WARRANTY RETURN FORM

I understand that proper packing for shipping and insurance is my responsibility. I have read the instructions regarding proper packing found on the warranty return page found here: <https://www.everlastgenerators.com/return-authorization>. I have properly packed or have had the unit professionally packed for shipping. I also understand that if the unit arrives damaged that Everlast is not responsible for said damage. I acknowledge that Everlast may, at its discretion, repack the unit at my expense if packaging is deemed insufficient or too damaged for safe return to me. I understand that improper packing can lead to shipping damage and that my assigned shipping carrier will not insure or pay for warranty items that are improperly packed. Furthermore, I understand that Everlast will not assume any liability for shipping damage occurring from the re-use of my packaging material. *I also understand that Everlast may document/photograph package and contents condition upon arrival at Everlast's facilities.*

Customer Signature: _____ **Date:** _____

CUSTOMER INFORMATION		EVERLAST WARRANTY RETURN AUTHORIZATION NUMBER	
NAME:			
ADDRESS:			
PHONE:			
EMAIL:			
RETURN UNIT FOR WARRANTY SERVICE TO:		MODEL NAME AND NUMBER	
EVERLAST SERVICE CENTER Attn. Jabin Stroup 2547 North Main St. #1002 Crossville TN 38555			
DATE OF PURCHASE:		UNIT SERIAL NUMBER	
PLACE OF PURCHASE: (Attach copy of receipt if any)		DATE OF FAILURE:	
		RETURN AUTHORIZED BY:	
NOTE: Everlast assumes no responsibility for shipping damages incurred during transit to or from the designated repair facility. Although Everlast will assist in arranging shipping, the customer must pay for shipping to and from the repair facility after the 30-day free shipping period, originating on the day of purchase. Please see and sign statement above regarding proper packing and related damage and owner's responsibilities before returning your product.		AUTHORIZATION DATE:	
		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:			
PREVIOUSLY REPAIRED?	<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, DIFFERENT REPAIR <input type="checkbox"/> NO <input type="checkbox"/> YES IF NO, NUMBER OF TIMES REPAIRED: _____		
RECOMMENDATION:	<input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACE <input type="checkbox"/> OTHER _____		
REPAIR ACTION:			
CAUSE OF FAILURE:			
IMPORTANT! RETURN AUTHORIZATION IS REQUIRED BEFORE SHIPMENT OR REPAIRS MAY BE BILLED AS OUT-OF-WARRANTY TO CUSTOMER!			
BY SIGNING BELOW, THE CUSTOMER ACKNOWLEDGES THAT AFTER THE THIRTY DAY PERIOD FROM DATE OF PURCHASE. THE CUSTOMER IS RESPONSIBLE FOR ALL SHIPPING CHARGES TO AND FROM SERVICE FACILITY. REV. 08/29/21		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 OR RESULT IN DENIAL OF WARRANTY.	
Customer Signature:	Shipped Via:	Return Shipper:	Serviced By:
_____	<input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input type="checkbox"/> Customer Delivered	<input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input type="checkbox"/> Customer Delivered	_____
Date:			Date:
_____			_____

Customer must sign and date top and bottom signatures before work will be performed under warranty. A completed copy should be kept for your records.