REDSABRE LASERS

****WARRANTY RETURN FORM****

I understand that proper packing for shipping and insurance is my responsibility. I have properly packed in the original packaging or have used a similar type of packaging 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	REDSABRE WARRANTY RETURN AUTHORIZATION NUMBER
NAME: ADDRESS: PHONE: EMAIL:	
RETURN UNIT FOR WARRANTY SERVICE TO (WARRANTY ADDRESS PROVIDED BY TECHNICIAN):	REDSABRE/EVERLAST LASER MODEL NAME AND NUMBER
DATE OF PURCHASE:	UNIT SERIAL NUMBER
	DATE OF FAILURE:
PLACE OF PURCHASE: (Attach copy of receipt if any)	
	RETURN AUTHORIZED BY:
NOTE: Everlast assumes no responsibility for shipping damages incurred during transit to or from the designated repair facility. Although Everlast will arrange warranty shipping and provide a label if contacted, the customer must pay Everlast for shipping to and from the repair facility. MOST REDSABRE LASERS DO NOT QUALIFY FOR FREE SHIPPING TO OR FROM THE REPAIR FACILITY, IF A REPAIR IS REQUIRED.	AUTHORIZATION DATE:
	30 DAY RETURN? ☐YES ☐NO

CUSTOMER DESCRIPTION OF PROBLEM/REASON FOR RETURN OR REPLACEMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

EVERLAST USE ONLY

UNIT APPEARANCE:	☐NEW ☐ GOOD ☐ FAIR ☐ POOR/DAMAGED (SHIPPING) ☐ OTHER_____
DIAGNOSIS:	
PREVIOUSLY REPAIRED?	☐NO ☐ YES IF YES, DIFFERENT REPAIR ☐ NO ☐ YES IF NO, NUMBER OF TIMES REPAIRED: _____
RECOMMENDATION:	☐ REPAIR ☐ REPLACE ☐ 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, THE CUSTOMER ACKNOWLEDGES THAT AFTER THE THIRTY DAY PERIOD FROM DATE OF PURCHASE. THE CUSTOMER IS RESPOSIBLE FOR ALL SHIPPING CHARGES TO AND FROM SERVICE FACILITY IF THE PRODUCT DOES NOT HAVE A SHIPPING WARRANTY. PLEASE CONSULT WITH YOUR TECHNICAL ADVISOR OR WARRANTY STATEMENT FOR MORE INFORMATION ABOUT SHIPPING COVERAGE UNDER THE WARRANTY. REV. 05/01/26

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 DENIAL OF WARRANTY

Customer Signature:	Shipped Via:	Return Shipper:	Serviced By:
_____ Date:_____	☐ Fed Ex ☐ UPS ☐ USPS ☐ Customer Delivered	☐ Fed Ex ☐ UPS ☐ USPS ☐ Customer Pickup	_____ Date:_____