



**Return Merchandise Authorization
Customer Service
Phone: 205-987-3100
Fax: 205-987-3150**

Please fill out and forward this form back to Summer Classics Contract for your request for a Warranty Claim/Request for Replacement. Summer Classics Contract will be glad to help you resolve this issue as outlined in our Summer Classics Limited Warranty found in your catalog. However, we need detailed information from you to assess properly what we need to do.

Please give as detailed a description as you can and attach pictures of the product that requires attention.

Purchasing Company _____ PO # _____ Date of PO# _____

Contact Name _____ Contact Phone Number _____ Contact E-mail _____

Summer Classics Contract Invoice # _____ Invoice Date _____ Order # _____

Physical Location of Product

Name of Property _____ Address _____

Contact Name at Property _____ Contact Phone number at Property _____

Item Numbers

_____, _____, _____, _____, _____, _____, _____, _____

Detailed Description of Complaint

Product is in warranty: Yes _____ No _____

For Merchandise Received Damaged

Did you inspect the merchandise during delivery by the freight company? Yes _____ No _____ No Damage _____

Did you notify the freight company of this damage at that time? Yes _____ No _____ Noted on paperwork? _____

Concealed damage must be reported within 15 days of delivery.

Name of person filing this claim if other than above _____ Phone Number _____