

## THE IDOME SHELTERS CUSTOMER REPAIR RETURN FORM

Please complete all applicable fields of this form and attach a copy to your warranty return. FOR REPAIR EVALUATION, YOUR PRODUCT MUST BE RETURNED DIRECTLY TO:

	iDO		RS Warranty					
		ATTN: RI						
1075 Wykoff Way Laguna Beach CA 92651								
Name:		Address:						
City:	State:	Zip:	Home Phone:		1	Cell Phone:	:	
Email:				Preferred Method				
				Of Contact:		Home	Cell	Email
					F	Phone	Phon	
PRODUCT PLACE OF PURCHASE:								
Name of store or website:			OR	Received	l as a gift.			
REASON FOR RETURN:								
PRE- AUTHORIZATION:		ill wont to how	a the required r	onaira dana	da yay b	oroby		
If your item is not covered under warran authorize repairs costing up to \$50.00?	(In the unlike	ly event that th	ne cost of repair	exceeds \$5			ct	☐ YES □ NO
you for authorization. Product w/o repair		n will be returr	ned after 30 day	ys)				_ 110
PRODUCT RETURN/REPLACEMENT OPTION		<b>.</b>		Г			on-repa	airable item
i you returned waranable item cannot be repared to whatever reason, would you						TURN my non-repairable item		
you in an "as is" condition at no addition						<b>,</b> -		
			URNED FOR			D.		., .
Typical return time is 3-4 wks, but return cleaned prior to return. Our policy require will r	es that all iter	ms accepted for		be clean. Any	y items re			
For further qu	lestions or co	oncerns, please	e visit us @ ww	w.idomeshe	Iters.com	I		
Signature:					D	ate:		