



WARRANTY REPORT FORM

This form must be filled out by the person or persons performing warranty work on Apricus products **prior** to completing any warranty work. Please complete and return to Apricus:

Mail: Apricus Inc., 6060 W Manchester Ave, Los Angeles, CA, 90045-4266, USA

Email: warranty-usa@apricus.com

Please Print Clearly

Part 1. Contact Information

First Name: _____ Last Name: _____

Company Name: _____ City: _____ State: _____

Phone Number: _____ Email Address: _____

Part 2. System Information

Owner's Name: _____ City: _____ State: _____

Phone Number: _____ Email Address: _____

Date of Installation: _____ Original Installer: _____

Part 3. Warranty Information

Faulty Product Name or Model: _____

Date of Failure: _____

Description of Issue: _____

Repair Work to Be Completed: _____

Please return this completed form with photographic evidence of product fault and a copy of the installation record form and purchase invoice.

For Office Use Only: Date: _____ Claim Number: _____