



# Warranty Claim Form

The Premiere Source for E-ZUP Products & Services

PLEASE COMPLETE THIS FORM ENTIRELY. ALL INFORMATION IS REQUIRED TO PROCESS YOUR CLAIM.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

E-Z UP Model Number: \_\_\_\_\_  
(alphanumeric number located on frame near the top of the leg)

- Bungalow     Craft Dome     Dome II     Eclipse II     Express II     Instant Table
- HUB     Enterprise II     Hut II     POP II     Regency     Speed Shelter II
- Endeavor     Pyramid II     Sierra II     Escort     Jamboree     Pyramid II Plus
- Quest     Pagoda     Sprint     Instant Shelter

Canopy Top Color: \_\_\_\_\_ Frame Color: \_\_\_\_\_ Other: \_\_\_\_\_

Describe the broken part and how it happened:

\_\_\_\_\_  
\_\_\_\_\_

Torn Fabric?     Top     Rail Skirt     Sidewall     Other \_\_\_\_\_

About how many days have you used your shelter in the past year? \_\_\_\_\_

How long do you normally keep the shelter up at one time? \_\_\_\_\_

All warranty claims must show proof of purchase\*, by fax, email or mailing a copy of their original purchaser receipt with this warranty claim form to:

\* Your product may no longer be under warranty if purchased more than 2 years ago.

**E-mail to:**    [warranty1@ezupdirect.com](mailto:warranty1@ezupdirect.com)

**Mail to:**    **Warranty Department**

**2273 La Crosse Ave., Ste 112**

**Colton, Ca 92324**

**Fax to:**    **(909) 426-0063**