



Warranty Claim Form

Please complete for all warranty claims

Name: _____

Mailing Address: _____

*Note: we are unable to ship to
PO Boxes*

Phone number (daytime): _____

Reason for Return: _____

Warranty Claim Return Checklist:

Warranty Claim Form Enclosed

Defective Product Enclosed

Purchase Receipt Enclosed

Ship Warranty Claims to:

*Curve Distribution Services
Bay 124, 10725 – 25 Street NE
Calgary, AB T3N 0A4*

ATTN: Warranty Department