



Warranty Claim Form



**Warranty Claim Date** \_\_\_\_\_  
**Warranty Claim #** (assigned by OPTIMUM) \_\_\_\_\_  
**Invoice Number** \_\_\_\_\_  
**Date Product Registered** \_\_\_\_\_  
  
**Name** \_\_\_\_\_  
**Company Name** \_\_\_\_\_  
**Email** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Fax Number** \_\_\_\_\_  
  
**Address 1** \_\_\_\_\_  
**Address 2** \_\_\_\_\_  
**City** \_\_\_\_\_  
**State/Province** \_\_\_\_\_  
**Zip/Post Code** \_\_\_\_\_  
**Country** \_\_\_\_\_

Product Description	Product Code	Quantity
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Reason for Warranty Claim (fully explain)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To receive a Warranty Claim Number, fax this completed Warranty Claim Form to OPTIMUM Customer Service at 412-257-9011. OPTIMUM will fax you your Warranty Claim Number.

The completed Warranty Claim Form, including the Warranty Claim Number, must be included in the return package, and the **Warranty Claim Number must appear on the return address label**

Ship all warranty claims and completed paperwork to:  
 OPTIMUM Power Technology  
 Attn: Warranty Claim Department, Warranty Claim Number \_\_\_\_\_  
 South Pittsburgh Technology Park  
 3117 Washington Pike  
 Bridgeville, PA 15017-1496  
 USA

All returns must be shipped pre-paid by the Sender. OPTIMUM will not accept COD shipments.  
 All international duty fees or duty refunds are the responsibility of the Sender.