



CAST CLASSICS™

WARRANTY/CUSTOMER SERVICE CLAIM FORM

Case #:

Claim Date:

RESELLER INFORMATION

Company:
Address:
Address:
City/State/Zip
Phone:
Fax #:
Contact:
CC's Original Invoice #:
CC's Original Invoice Date:

CONSUMER INFORMATION

Purchase Date:
Name:
Address:
Address:
City/State/Zip:
Phone:
Cast Classics Rep:
Rep Inspection Date:

PRODUCT INFORMATION

Qty	Item #	Item Description	FF	WV	FB	ID/Serial #	Description of Problem(s)

- All claims ***MUST*** be submitted with a **photograph(s)** that clearly depict the issue(s) for EACH piece.
- All claims ***MUST*** include **Identification/Serial #(s)** (Identification/Serial #'s can be found under the seat on arm chairs, club chairs, chaise lounges, sofas, love seats & settees; and on the underside of tables and umbrella bases.)
- All claims ***MUST*** include a copy of the **customer's receipt** (proof of purchase) from an Authorized Cast Classics dealer.
- **Consignee *MUST* file** claims for freight damage directly with the **freight carrier**.
- Incomplete claim forms will not be processed.
- Items returned to our warehouse without a return authorization number will not be accepted.
- Completed claim forms can be submitted by email (to: warranty@castclassics.com) or regular mail. Claims submitted by fax are not recommended due to poor picture quality.

Key: FF= Frame Finish, WV= Weave Number, FB= Fabric Number

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