



CONSUMER WARRANTY CLAIM FORM

Instructions:

1. Complete Form
2. Include a COPY of the original dated purchase receipt.
3. Ship the warranty item via a traceable carrier (UPS, FEDEX, DHL, and **NOT** USPS) to:
Shimano American Corp., Attention: Bicycle Warranty Dept.
1 Holland Drive, Irvine, California 92618

Customer Information:

Name: _____

Address (NO P.O. BOX addresses allowed): _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____

Product Information:

Part model number: _____

Part description: _____

Length of use: _____

Problem (Please be specific): _____

- Warranty replacements or returns will be shipped to the above address.
- Turn-around processing requires 2-3 days not including shipping time.

X _____

(Customer Signature)

(Date)