TRANSOLID
WARRANTY CLAIM REQUEST FORM

1-800-766-2452

Place of Purchase	**Homeowner's Name**
Purchased In Store ☐ Online ☐	**Homeowner's Address**
City & State	**Homeowner's City, State, & Zip**
Purchase Order Number	**Homeowner's Phone Number**
Model Number of Product	**Homeowner's Email**
Color of Product	**Date of Purchase**

*****CLAIM WILL NOT BE PROCESSED WITHOUT ORIGINAL PROOF OF PURCHASE*****

*****WARRANTY IS NON-TRANSFERABLE*****

Complete Description of Problem

Have Photos been Submitted? Yes ☐ No ☐

Is a Replacement Needed? Yes ☑ No ☐ Ship Replacement to Same Address ☐

If yes to replacement and ship to address different than above:

Return Completed Form & Proof of Purchase to: warranty@transolid.com

Once you have sent the email, please allow up to 72 hours for a response from the warranty team with the next steps towards resolving your issue. Thank You!!!