

# TRANSOLID WARRANTY CLAIM REQUEST FORM

1-800-766-2452



Place of Purchase	Homeowner's Name
Purchased In Store <input type="checkbox"/> Online <input type="checkbox"/>	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
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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:
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Return Completed Form & Proof of Purchase to: [Warranty@Transolid.com](mailto: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!!!