PLASMAGLOW BULB WARRANTY CLAIM FORM

PLEASE PRINT THIS PAGE ENTIRE FORM MUST BE COMPLETED **NEATLY** OR **TYPED**

Name:		_
Address:		_
		_
		_
Phone #:		_
E-Mail:		
Product Purchased:		
Date of Purchase:		
Purchased From:		
Vehicle Type:		
Description of problem:		
The following must be included with Warranty Claim Form complete	_	
Both Bulbs packaged secure be covered under warranty	ly - Shipping dama	ge WILL NOT
Payment of \$6.95 for return PlasmaGlow by Cash, Check,		
Card Number:	Exp:	CCV:
Copy of Proof of Purchase ,	/ Receipt	
Please submit to: PlasmaGlow		
ATTN: BULB WARRANTY DEPT 1240 N Hobson Suite D & E		
Gilbert, AZ 85233		