



Warranty Request

Warranty Department 12850 Moore Street Cerritos, CA 90703
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First Name: _____ Last Name: _____
 Day Phone #: _____ Evening Phone #: _____
 E-mail Address: _____
 Mailing Address: _____

Product Name	Item Code	Quantity

Describe the defect(s):

Place of Purchase:

Store Name:

City/State:

Attach a photocopy of receipt:

**Receipt
Here**

- * PLEASE MAKE SURE THAT THE PRODUCT YOU ARE RETURNING IS A PRODUCT OF CELLET PRODUCTS. IF THE PRODUCT IS NOT OURS, IT WILL BE DISPOSED UPON RECEIPT UNLESS RETURN SHIPPING & HANDLING IS PAID AND REQUESTED.
- * One form per item. PLEASE INCLUDE DEFECTIVE ITEM WITH YOUR WARRANTY REQUEST.

I certify that the above information is true and correct.

Signature: _____

Date: _____