

SHOPBMA WARRANTY CLAIM FORM: Required Product & Customer Information

Product Name: _____

Your Name: _____

E-mail Address: _____

Your Signature: _____

Mailing Address: _____

Product Purchase Date: ____/____/____

City, State, Zip: _____

Phone Number: (____) _____ - _____

Place Shopbma product
here & draw an arrow
to point out the defect.

Place original
receipt here.

Take a photo of this completed Claim Form, with your product and receipt in place, and email to returns@shopbma.com .