



# CHAMPION SYSTEM CANADA WARRANTY FORM



Please complete all applicable fields of this form and attach a copy to the warranty item(s)

FOR WARRANTY EVALUATION, YOUR PRODUCT(S) MUST BE SENT DIRECTLY TO:

Champion System Canada, Attn: Warranty Department  
208 - 1080 Mainland Street, Vancouver, BC V6B 2T4

Account/Team Name: \_\_\_\_\_ User ID#: CA \_\_\_\_\_ Order#: CA-\_\_\_\_\_

Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Return: \_\_\_\_\_

REASON FOR RETURN:

Product Name: \_\_\_\_\_ Mens \_\_\_\_\_ Womens \_\_\_\_\_ Qty: \_\_\_\_\_ Size: \_\_\_\_\_ Colour: \_\_\_\_\_

Product Name: \_\_\_\_\_ Mens \_\_\_\_\_ Womens \_\_\_\_\_ Qty: \_\_\_\_\_ Size: \_\_\_\_\_ Colour: \_\_\_\_\_

Product Name: \_\_\_\_\_ Mens \_\_\_\_\_ Womens \_\_\_\_\_ Qty: \_\_\_\_\_ Size: \_\_\_\_\_ Colour: \_\_\_\_\_

Product Name: \_\_\_\_\_ Mens \_\_\_\_\_ Womens \_\_\_\_\_ Qty: \_\_\_\_\_ Size: \_\_\_\_\_ Colour: \_\_\_\_\_

Product Name: \_\_\_\_\_ Mens \_\_\_\_\_ Womens \_\_\_\_\_ Qty: \_\_\_\_\_ Size: \_\_\_\_\_ Colour: \_\_\_\_\_

For further questions, please contact Champion System Canada: 647-930-1779 or [info@champ-sys.ca](mailto:info@champ-sys.ca)

### \*\*\* FOR OFFICE USE ONLY \*\*\*

Date Received: \_\_\_\_\_ Ship Date to Factory: \_\_\_\_\_ PMS#: \_\_\_\_\_ Rep: \_\_\_\_\_