



3640 Cincinnati Avenue, Suite C  
Rocklin, CA 95765

WARRANTY CLAIM FORM

Personal Information

Customer Name:  
Address:  
City/State/Zip:  
Phone:  
Email:

Product Information

Make/Model/Description:  
Description of problem:

Purchase Information

Date of purchase:  
Place of purchase:

**EZ-FLO ONLY**

Images/Proof of Purchase/Etc:  
Approved / Declined:  
Return for Repair:  
Field Destroy:  
Reviewed By:

Make a copy of your receipt and return it with applicable pictures and email to: [warranty@ezfloinjection.com](mailto:warranty@ezfloinjection.com)