



SMITH WARRANTY CLAIM FORM

US CUSTOMERS ONLY NOT TO BE USED FOR PRESCRIPTION (RX) EYEWEAR

- 1) Print out this form and fill it out completely. **Any missing or incomplete information will DELAY the processing of your claim.**
- 2) Send us ALL of the following:
 - Reason for return _____
 - Date of purchase _____
 - Your Smith product _____
 - This completed form
- 3) We encourage you to send by a traceable method (such as FedEx or UPS), as Smith Optics is not responsible for lost or misdirected packages. Label the box with the Smith Warranty Center address to the front of your package. We discourage shipping via US Mail, but if you do, you must send to PO Box 160464, Clearfield UT, 84016.

Allow 1-2 weeks for delivery.
Offer valid in the U.S.A. only.

Print your information:

Phone (____) _____

Name

Shipping Address

City, State, Zip

Email Address

Send To:

Smith Optics Warranty

13 F Street, Freeport Center

Clearfield, UT 84016