

PLASMAGLOW BULB WARRANTY CLAIM FORM

PLEASE PRINT THIS PAGE
ENTIRE FORM MUST BE COMPLETED **NEATLY** OR **TYPED**

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

Product Purchased: _____

Date of Purchase: _____

Purchased From: _____

Vehicle Type: _____

Description of problem: _____

The following must be included with Warranty Claim:

Warranty Claim Form completely filled out

Both Bulbs packaged securely - Shipping damage WILL NOT be covered under warranty

Payment of \$6.95 for return shipping made payable to PlasmaGlow by Cash, Check, or Credit Card (Below)

Card Number: _____ Exp: _____ CCV: _____

Copy of Proof of Purchase / Receipt

Please submit to:
PlasmaGlow
ATTN: BULB WARRANTY DEPT
1325 N Melba Ct
Gilbert, AZ 85233