

Warranty Claim Form

WRA# _____ Today's Date _____
* MUST ALSO BE WRITTEN ON OUTSIDE OF PACKAGE

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Place Purchased: _____ Date Purchased: _____

Product Description: _____

Item/ Model No: _____ HIN Code (pontoon boats only): _____

Label Code: _____

** Found in the printed product ID label. There are two letters and four numbers as in Figure 1.



Fig. 1

Reason for claim: _____

Return Checklist: _____ Call Classic Accessories to obtain a WRA# (1-800-854-2315)

_____ Proof of Purchase/ copy of sales receipt

_____ Enclose defective item(s)

_____ Write WRA# on the outside of your package

Please make sure that the shipping is prepaid and the package is insured.

Return your warranty claim to:

CarCoversBoatCovers
4760 Enterprise Ave
Unit#402
Naples, Florida 34104
USA



For warranty questions, please call 239 643 0877 (9:00am to 6:00pm ETA), and ask for Warranty Customer Service