

WARRANTY FORM

Go to Products page to view available colors & sizes.



Name:

Billing Address:

Phone: Email:

*Credit Card Number:

Exp Date: CVV:



PAID ONLINE - TRANSACTION ID: _____

Shipping Address (Leave Blank if same as Billing):

Place of Purchase:

Date of Purchase:

SuperBandz Color Choice #1: Color Choice #2:

Size:

SIGNATURE: _____

Mail Completed Form To:
SuperBandz Warranty Dept
1695 Sarong Place Winter
Park, Florida 32792

**Customer's Credit Card will be charged the required \$9.99 Shipping, Processing & Handling Fee.*