**Warranty & Technical Support Request Form** Please return to service@elitescreens.com

1. Please Completely fill out this form (include Model# and Serial #) 2. Failure to provide this information will result in a denied warranty claim.

3. Please attach a copy of proof of purchase (Form will not submit if proof of purchase is not attached ) \* Fields are mandatory

**PLEASE NOTE THIS IS NOT A CREDIT REQUEST OR EXCHANGE FORM. THIS FORM IS FOR WARRANTY SERVICE**

**ONLY. PLEASE CONTACT YOUR POINT OF SALE FOR RETURN FOR CREDIT OR EXCHANGE INSTRUCTIONS.**

**Company Name** Click or tap here to enter text.

**First Name**\*Click or tap here to enter text. **Last Name**\*Click or tap here to enter text.

**Phone (Home)**\*Click or tap here to enter text. **Phone (Work)** Click or tap here to enter text.

**Phone (Cell)** Click or tap here to enter text. **Fax** Click or tap here to enter text.

**Email**\*Click or tap here to enter text.

Location

**Contact Address**\*Click or tap here to enter text.

**City**\*Click or tap here to enter text. **State/Province**\*Click or tap here to enter text.

**Postal Code**\*Click or tap here to enter text. **Country** Click or tap here to enter text.

Purchase Information

**Date Of Purchase**\*Click or tap to enter a date.

**Where did you purchase?(company name)** \*Click or tap here to enter text.

**Dealer Phone** Click or tap here to enter text. **Invoice #** Click or tap here to enter text.

**Model #**\*(Located on sticker at screen case end cap or packaging box) Click or tap here to enter text.

**Serial #**\*(Located on sticker at screen case end cap or packaging box) Click or tap here to enter text.

**Version # (** [ ] **2.0** [ ] **1.4-1** [ ] **1.4** [ ] **1.3** [ ] **1.2** [ ] **Other)**

**Shipping Address**\*Click or tap here to enter text.

**City**\*Click or tap here to enter text. **State/Province**\*Click or tap here to enter text.

**Postal Code**\*Click or tap here to enter text. **Country** Click or tap here to enter text.

Problems

**Projector Make**\*Click or tap here to enter text. **Projector Model**\*Click or tap here to enter text.

**Problem**\* **(** [ ] **No Power** [ ] **Missing Part** [ ] **Screen Material** [ ] **Product Function Problem** [ ] **Shipping Damage** [ ] **Other )**

**Did you use an allen key to adjust the screen's drop and rise limits? (For motorized screens only) \* :** [ ]  **Yes** [ ]  **No**

**Description of the Problem / Question**\*

Click or tap here to enter text.

**Please attach a copy of proof of purchase (Form will not submit if proof of purchase is not attached)**