

# WARRANTY CLAIM FORM

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Fax or email the completed form below to submit a warranty claim associated with Principal Sloan signage systems. If a Warranty Registration Form was timely filled with us (please see our Standard Limited Warranty for more information), then the Warranty Period (as defined in our Standard Limited Warranty) will begin on the date of product installation. If we do not have a Registration Form on file, the Warranty period will begin on the date of product manufacture. Please reference [www.PrincipalSloan.com](http://www.PrincipalSloan.com) for a complete warranty coverage statement on all products.

**Installation information**

**Warranty registration case#** \_\_\_\_\_

Installation/site location name: \_\_\_\_\_ Original install date: \_\_\_\_\_  
(MM/DD/YYYY)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Operating hours: \_\_\_\_\_ Hours/day: \_\_\_\_\_ Days/year: \_\_\_\_\_

Installation company: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sign company: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Distributor: \_\_\_\_\_ Branch: \_\_\_\_\_ Contact: \_\_\_\_\_

*Please return to Principal Sloan: [warranty@pindustries.com](mailto:warranty@pindustries.com) or fax to 325.227.6841.*

**Part replacement types and quantities**

Principal Sloan product P/N	PO#	Qty	Power supply P/N	PO#	Qty



