



Claim No. _____

Warranty

Claim Form

Please complete the form below. Forward all requests to warranty@leklein.com or fax to (972)820-8899.

Filer's Contact Information (skip if Filer and Consumer are the same)

Date: _____ Main Contact: _____ Company: _____

Phone #: _____ Email: _____

Consumer Contact Information

Business Name: _____ Attn To: _____

Address: _____ City: _____

Address: _____ State: _____ Zip: _____

Phone #: _____ Email: _____ Fax: _____

Shipping Information (business address only, skip if shipping is the same as above)

Business Name: _____ Attn To: _____

Address: _____ City: _____

Address: _____ State: _____ Zip: _____

Phone #: _____ Email: _____ Fax: _____

Grill and Parts Information

Model: _____ Serial #: _____ Purchase date: _____

Describe problem you are experiencing: _____

Part # required: _____ Describe part: _____

Photos showing the damaged area of the grill, accessory, or part must be attached when filing

Applying for Concealed Damage

Freight Carrier: _____ Pro #: _____ Date Rec: _____

Requirements for claim:

Ship via:

1. If a claim has not been filed with freight carrier, please do so.
2. Provide pictures of damage to grill/accessory.
3. Provide pictures showing the condition of package when it arrived.

- Full truck load
- LTL (less than truck load)
- Ground (small package)
- Pick up

Prior to filing, make sure all three requirements have been met.