



Warranty Claim Form

Please print out this form and fill it in completely.

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

TELEPHONE _____

EMAIL _____

PRODUCT PURCHASED _____

DATE PURCHASED _____

PURCHASED AT _____

CITY _____ STATE _____

NATURE OF DEFECT _____

Please package your Sointu USA product carefully and send it with this form to:

Sointu USA
attn: Warranty Claims
30 Vesey Street, suite 1801
New York, NY 10007
