

International Warranty Replacement Form

Please complete form and attach any photos.

Please complete this form in its entirety, including necessary pictures and receipts. Once complete, please email this form to: service-eu@dansons.com

Part/Issue

Part Number #	<input type="text"/>
Part Description	<input type="text"/>
Issue / Problem	<input type="text"/>

Unit/Appliance Info (mandatory)

Model Number:	<input type="text"/>
<input type="text"/>	<input type="text"/>
Date of Purchase:	<input type="text"/>

Purchase Info

Retailer Name	<input type="text"/>
Retailer City	<input type="text"/>
Retailer State/Province	<input type="text"/>
Retailer Country	<input type="text"/>

Proof of Purchase (mandatory)

- Add copy of receipts:

Consumer Info (mandatory)

First Name	<input type="text"/>
Last Name	<input type="text"/>
Phone Number #	<input type="text"/>
Email	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State/Province	<input type="text"/>
Country	<input type="text"/>
Zip	<input type="text"/>

Make sure photos are added in the second tab