



### Warranty Evaluation Claim Form

In order to process your claim quickly and efficiently, please complete, and return this form with your scale.

**This form is critical for fast and efficient processing of your claim. Without this completed form your claim cannot be processed.**

Name:
Address:
Email Address:
Date of Purchase:
Product Description / Model #:
Brief description of issue:

*Once your claim has been approved, your scale will be repaired or you will be sent a replacement at no charge. Typically, warranties are acknowledged the same day they are received, and shipped the following business day to the address listed above at no cost to the consumer. There is no refund for any shipping costs incurred from the return.*

#### Address for all warranty claims

**Escali Measuring Equipment  
Attn: Warranty Claims Dept.  
3203 Corporate Center Drive, Ste# 150  
Burnsville, MN 55306**

We reserve the right to reject any warranty claim that is determined to be caused by improper handling, misuse, abuse, disassembling or altering. (Example includes: impact damage, spilled liquids, unauthorized power supply, unauthorized environment, etc).

**Thank you for your patience and understanding.**

#### Privacy Statement

The information collected on this form will only be used to process your claim faster and more efficiently. Your information **will not** be used for any other purpose and **will not** be shared with anyone. Your privacy will be respected and protected.