

Winegard Home Satellite / Off-Air Warranty Claim Application

(*) denotes required information

RMA# _____

Date: _____

Consumer Information

Consumer Name*: _____ Customer Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone*: _____ Fax _____ Email: _____

Dealer Information

Dealer Name*: _____ Dealer Number: _____

Address*: _____

City*: _____ State*: _____ Zip Code*: _____

Telephone*: _____ Fax* _____ Email: _____

Distributor Information

Distributor Name*: _____ Account Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone*: _____ Fax _____ Email: _____

Product Information

Model Number*: _____ Description _____

Date of Retail Purchase*: _____

Description Of Problem*:

Diagnosis: _____

Corrective Action: _____

Fax Completed Form to 319-754-0715 or Send completed form with product to:



