

BULLDAWG RODS

WARRANTY FORM

NAME _____

PHYSICAL ADDRESS (NOT P.O. BOX) _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____

EMAIL ADDRESS (FOR TRACKING NUMBER-COMMUNICATIONS) _____

PAYMENT AMOUNT INCLUDED (check or money order) _____

PLEASE LET US KNOW WHAT DEFECT OCCURRED _____

WHEN DID YOU PURCHASE ROD _____ (PLEASE COPY RECEIPT AND SEND)

Please complete this form and return with a COPY OF ORIGINAL SALES RECEIPT,
ROD LOGO / SIZE SECTION (NO PICTURES) AND CHECK OR MONEY ORDER

