



STRUCTURAL WARRANTY CLAIM FORM

1. Only one claim per submission will be processed.
2. Pictures of the claim is mandatory for us to evaluate.
3. It is in our right to disapprove any claim request that is found incorrect or fraudulent.

PURCHASE INFORMATION

Purchase Date

Modulate Container Serial #

Describe the issue

CUSTOMER DETAILS

Customer Name:

First Name:

Last Name:

Email:

Phone Number:

Address:

Street No.

City:

Zip Code:

State:

ADDITIONAL MANDATORY INFORMATION

Please attach pictures of the structural defect.

By submitting this Warranty Claim Form, I confirm that the information provided is accurate and complete to the best of my knowledge. I understand that Modulate Containers reserves the right to assess and verify the claim, and that the decision to repair or replace the product is at the sole discretion of Modulate Containers, in accordance with the terms of the warranty policy. I agree to comply with all instructions provided by Modulate Containers in relation to the claim, and to cooperate fully throughout the claims process.

Signature

Date