

YOUR INFORMATION

LAST				
.AU I	M.I.	FIRST		DATE
STREET ADDRESS			EMAIL	
YTY	Sī	TATE ZIP	DAYTIME PHONE	
PECIFIC PROBLEM				
RODUCT INFORMATION				
	THER): UPC (FROM TAG):	COLOR:		
vaist: inseam: Size (07 f your garment is determined to be defe			ct, may we replace it with a s	similar product?
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■ INSTRUCTIONS

Please fill out this form and return it via e-mail along with photos of the UPC code and the defective area(s) to GeneralMail@haggar.com.

For questions about this form or an existing claim, you may contact us at the email address above or call Haggar Corporate HQ Consumer Relations & Customer Service at 1-800-942-4427 (Monday - Friday, 10AM - 5PM CST)

■ PLEASE BE ADVISED

- Garments that do not have a manufacturing, piece goods or fabric defect will not be replaced.
- Guarantee Claim Forms are processed on the 1st and 15th of every month.
 Once processed, please allow 7-10 business days for delivery.