Guarantee Claim Form

YOUR INFORMATION

LAST                      M.I.                     FIRST                      / /

STREET ADDRESS

CITY                      STATE                      ZIP                      DAYTIME PHONE

SPECIFIC PROBLEM

PRODUCT INFORMATION

WAIST:                     INSEAM:                     SIZE (OTHER):               UPC (FROM TAG):               COLOR:

If your garment is determined to be defective and we are unable to replace it with the same product, may we replace it with a similar product?

YES  NO

PURCHASE INFORMATION

PURCHASE LOCATION:                     PURCHASE DATE:                     PRICE:

If you have a copy of your receipt, please include a picture of it with your submission.

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.