

# HAGGAR®

## Guarantee Claim Form

### ■ YOUR INFORMATION

_____/____/____			
LAST	M.I.	FIRST	DATE
STREET ADDRESS		EMAIL	
CITY	STATE	ZIP	DAYTIME PHONE

### ■ SPECIFIC PROBLEM


### ■ PRODUCT INFORMATION

WAIST:	INSEAM:	SIZE (OTHER):	UPC (FROM TAG):	COLOR:
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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
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### ■ PURCHASE INFORMATION

PURCHASE LOCATION:	PURCHASE DATE:	PRICE:
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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 [gen.mail@haggar.com](mailto:gen.mail@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 1<sup>st</sup> and 15<sup>th</sup> of every month. Once processed, please allow 7-10 business days for delivery.