

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:

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 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 1st and 15th of every month. Once processed, please allow 7-10 business days for delivery.