

1/4" OVAL PVC ROLL-UP BLIND CLAIM REQUEST FORM

Instructions on how to request your free recall repair kit.

1. Print form
2. Complete form
3. Provide one of the following proofs of purchase
 - Original store receipt
 - Actual LHI Label from the blind
 - Original photograph of your blind displaying LHI label
4. Mail completed claim form along with proof of purchase to:
Lewis Hyman, Inc. Recall Center
P.O. Box 5504
Carson, CA 90749

How Did You Learn About the Recall?	Please provide the following answers
<input type="checkbox"/> Direct Mail Letter <input type="checkbox"/> Magazine <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Phone Call <input type="checkbox"/> Product Catalog <input type="checkbox"/> Radio <input type="checkbox"/> Retail Store Poster <input type="checkbox"/> Television <input type="checkbox"/> Web Site <input type="checkbox"/> CPSC Web Site <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	Date of Purchase: _____ Place of Purchase: _____ Size of Blind _____ Color of Blind _____ Quantity of Blinds _____ Home Phone #: _____ Cell Phone #: _____

Please print your name & address below

FROM:
Lewis Hyman, Inc.
P.O. Box 5504
Carson, CA 90749

TO:

