

Thumbies® Warranty Authorization

In order to ensure proper handling of your return, the following information is required in full.

REQUIRED INFORMATION

Name of Printed Individual (First and Last) _____

Name of Funeral Home (if applicable) _____

Funeral Home (City and State) _____

ISSUE WITH PRODUCT

RETURN CORRECTED PRODUCT TO

Name _____

Street Address _____

City / State / Zip _____

Telephone _____

SEND REPAIRS TO

Thumbies, Inc.

110-1/4 Benton St.

Woodstock, IL 60098

847.381.9000

**We strongly recommend insuring your package
and shipping it using a tracking number.**

**Do not return chains,
unless the chain itself is damaged.**

**Include this form with your shipment
and retain a copy for your records.**