



[www.wavespinreel.com](http://www.wavespinreel.com)

**WARRANTY AND/OR REPAIR**  
Return Authorization Form

**SEND TO:** WaveSpin Warranty/Repair  
127 12 Mile Rd.  
Remus, MI 49340

Ph: 989-967-8426

**MERCHANDISE RETURN AUTHORIZATION:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe problem or defect: \_\_\_\_\_ Reel Model: DH \_\_\_\_\_

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Proof of purchase (receipt or invoice) must be enclosed for warranty only. Proof of purchase is not needed for non-warranty repair work. A completed copy of this form must also be enclosed with the reel.

Reels found to be damaged due to misuse may not be covered under warranty.

Your signature: \_\_\_\_\_

You may continue your description on separate page and attach it if necessary.