



Griffin Armament, 801 S 12<sup>th</sup> Street, Watertown, WI, 53118 [www.GriffinArmament.com](http://www.GriffinArmament.com)

## Inspection / Service Authorization Form

You have requested an inspection of your Griffin Armament product. If inspection proves there is a manufacturer's defect, Griffin will repair or replace affected parts/products as per our posted warranty.

If inspection proves misuse, general wear, etc. on the part of the customer, please check **one** of the following boxes.

☐ **I authorize Griffin Armament to bill for necessary repair or replacement (where legally applicable) of my product up to 30% of current MSRP as per the warranty policy. \*This choice requires a completed credit card authorization form (see next page) for services to be rendered\***

☐ **I would like a Griffin technician to inspect my product and contact me with a description of necessary service and associated charges prior to authorization.**

### Description of Products Returned

List any and all items included in box, list serial numbers if and where applicable. *Griffin Armament is not liable for any items included in packaging that are not listed below.*

### Description of Issue

Include any and all information regarding your issue. It is important for proper service to note configuration of product, type of firearm used, caliber, ammunition, etc.

Please allow 3-5 business days for inspections once received. Pre authorized service typically takes 2-4 weeks depending on the severity of issues. Receipt, service, and billing (if required) will be communicated to the customer via email provided by the customer on the CC authorization form.



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### Credit Card Payment Authorization Form

Sign and complete this form to authorize Griffin Armament to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

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#### Please complete the information below:

I \_\_\_\_\_ authorize Griffin Armament to charge my credit card.  
(full name)

This payment is for repair/replacement services and \$10 fixed return shipping charges.

Please choose your preferred shipping carrier (circle one):      **USPS**      **UPS Ground**

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:   ☐ Visa      ☐ MasterCard      ☐ Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_      CVV# \_\_\_\_\_

\*All above information required\*

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize Griffin Armament to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. Additionally, authorization of this document is stating the owner of the device understands, acknowledges, and accepts the Griffin Armament Product Lifetime Limited Warranty. The warranty information can be found in your product manual or on our website here: [http://www.griffinarmament.com/help\\_answer.asp?ID=13#21](http://www.griffinarmament.com/help_answer.asp?ID=13#21)