

CUSTOMER COMPLAINT FORM

Claim No.			-				
			D	ate:	/	/	

CUSTOMER INFORMATION								
Name (First, Last)		Phone	Email					
Address								
City		State	Zip Code					
AMMUNITION INF	ORMATION							
Ammunition Place of Purcha	se	Ammunition Purchase Date	Ammunition Price					
Product Description and Ammunition Type (Rimfire, Handgun, Rifle, Shotshell)								
Ammunition Lot No. (Located	d on Inner Flap of Packaging)	Ammunition Qty. Purchased	Ammunition Qty. Not Used					
Firearm Make	Firearm Model	Modifications to Firearm (If a	irearm (If any)					
Decription of Issue (Please be as detailed as possible)								

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Please attach all supporting documents related to this complaint including detailed photos of specific areas of concern, receipts, ammunition box(es), lot numbers, etc. and return to info@aguilaammo.com.