



Mack's[®] LiveFire[™] Electronic Shooting Earmuffs Warranty Repair/Replacement Form

PLEASE PRINT CLEARLY

Return Authorization # _____

Date of Purchase _____ From (Store Name) _____

Product Owner Information:

Name _____

Street Address _____

City _____ State _____ ZIP _____

Country _____ Telephone with Area Code _____

Email Address _____

Describe problem(s) with product (PLEASE BE SPECIFIC) _____
