



Bliss Hammocks Inc.
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WARRANTY / REPLACEMENT PARTS CLAIM FORM

Name: _____

Phone Number: _____

Email Address: _____

Mailing/Shipping Address: _____

Date of purchase: _____ Date of form submission: _____

Where was the item purchased? _____

What happened to the item? _____

Do you have supporting documentation for this claim (Proof of purchase & Photo of item)?

Yes or No _____

Is yes, please include as attachments when sending this form to cs@blisshammocks.com.

If no, your claim may not be approved.

Please note: Submission of this claim form does not guarantee an approval. The case will be reviewed to determine if this is a manufacturer's defect or another type of damage. If additional information is needed, a customer service representative will reach out to you at one of the above contact methods. Please return this form and all other supporting information via email to cs@blisshammocks.com or fax 631-223-7385.