



MD Charlton - Ontario
 WARRANTY & CUSTOM SHOP
 Phone: 905 625 9846
 Email: sigrepairs@mdcharlton.ca

SIG WARRANTY RETURN FORM

Personal Information

Full Name: _____

Address: _____

Phone: _____ Alternate Phone: _____

Email _____

PAL # _____ EXP: _____

Date of Birth: _____

RA # _____

Firearms Details

Make: _____ Make: _____

Model: _____ Model: _____

Serial #: _____ Serial #: _____

Accessories: _____ Accessories: _____

Description of Fault

Please Ship Form with Firearm to:
MD Charlton Co Ltd – Warranty & Custom Shop
4100B Sladeview Crescent, Unit 4
Mississauga, Ontario, L5L 5Z3

OFFICE USE

Notes: _____

| | |
|-------------|-------|
| Received by | _____ |
| Date | _____ |