



WARRANTY FORM

Please fill out the form below and include it inside the package with your socks.

- Our warranty is a truly awesome 'unconditional lifetime guarantee' and completely covers your satisfaction of the sock concerning comfort, durability and fit... Unfortunately it does *not* cover things like 'the dog ate it' or if you accidentally melted them in a campfire or have made alterations to the sock or you lost one - we only warranty complete pairs!
- In the event that the items you returned are no longer in production, or we are out of stock in that exact style / size / colour in Canada, **we will replace them with a comparable style (height/weight/size), not the exact same replacement, colour or pattern if not available**, in accordance with our warranty policy. We believe that all of our patterns and colours are amazing and we do our best to send as 'like' as possible, however, in the eventuality that you do not approve of the colour / pattern of your replacement socks, it is not grounds for an 'exchange'.
- Both socks (of any pair) must be returned to us in order to process your warranty. 1 form per 1 pair of socks unless it is multiple socks of the SAME style (Same size, colour, height, pattern, colour etc)

Send socks to:

Interex Industries Ltd.
 Darn Tough Warranty
 114 West 8th Avenue
 Vancouver, BC
 V5Y 1N2

Please note:

Although we suggest mailing your warranty socks to us **as flat as possible, to keep your costs down**, it is a suggestion only and we are not responsible for lost socks. We will pay the return postage to Canadian mailing addresses.

Please don't tape your socks to this form and allow **4-6 weeks for processing of your claim**. We don't contact/inform our customers once we receive socks from them. If you have any questions please email us: help@interexind.ca or call 1-800-663-8613.

Name: _____ Return Date: _____

Street Address: _____

City: _____ Province: _____

Postal Code: _____ Contact Phone: _____

Contact E-mail: _____

Reason for return (Please circle): COMFORT DURABILITY FIT

Shoe size: _____ Preferred sock SIZE (mens / womens / kids): _____

The size is woven inside the front cuff of each sock (a capital letter - S, M, L, XL etc.), so in case you'd like us to replace your socks with a different size, please indicate it above in the section 'Preferred sock size'.

Where socks were purchased: _____ Age of socks: _____

For Internal use only:

Claim reason: 1 2 3 4 N

Damage area: 1 2 3 4 5 6 7 8

Damage Type: 1 2 3 4 5 6 7 N

Degree of usage: N 1 2 3

For Internal use only:

SKU: _____

