



Warranty Claim Form

Please email this completed form to us_warranty@timberland.com and include the following pictures:

- * Internal tags showing style number and size
- * Product in its entirety
- * Bottom of soles showing tread, for footwear
- * Defective area
- * Proof of purchase within 12 months from an authorized dealer or seller
- * Shoe box and label showing size and style info

Name(s)

| | |
|------------------------|---|
| Street Address: | City/State/Zip: |
| Phone: | Email: |
| Are you a VF employee? | VF Employee ID # (and Workday email above): |

If purchased from Timberland.com, please provide your order number: _____

If purchased from a Timberland store, please provide the location: _____

If none of the above, please state seller/store name and location: _____

REASON FOR RETURN – please include how product is used, including frequency:

****Failure to include any portion of the requested information may result in a significant delay or denial of your claim. See INSPECTION STATUS section below for more information****

PRODUCT REPLACEMENT:

If the result of your inspection reveals a product defect, we will replace it with the same style and size. If the same product is not available in your size, our warranty claim specialists will satisfy your claim with a similar style or credit of the amount paid on your receipt to use toward another product.

INSPECTION STATUS:

After all required information for your claim is submitted, a quality inspector will be assigned to review your claim. Processing times vary by season and can take anywhere from 5-10 business days. **Inquiring before the allotted time frame will significantly delay our processing times.** Our quality inspectors will update you as promptly as possible. We appreciate your patience.

NOTICE:

When completing this form, please provide the most complete and accurate information possible to ensure a timely response. Upon receipt and review of all information you provided, if your product is not covered by our warranty, we will notify you of our decision.

| | |
|------------|-------|
| Signature: | Date: |
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