



**Warranty Credit Request Form**  
**BOSU® Ballast Ball**



This form must be completed in order to receive credit and/or replacement parts under warranty.  
Warranty credit and/or replacement parts are NOT guaranteed and is at the sole discretion of Twist Conditioning Inc.

Date Purchased	Type of BALLAST (Commercial or Retail)	Serial Number	Defect Description	Date of Replacement

**Company:** \_\_\_\_\_

***To be completed by Twist Conditioning Inc.***

**Date:** \_\_\_\_\_

***Date:*** \_\_\_\_\_

**Authorized Signature:**  
\_\_\_\_\_

***Authorized Signature by Twist Staff:***  
\_\_\_\_\_