



**CUSTOMER CLAIM REQUEST FORM**

<p><b>CUSTOMER INFORMATION</b></p> <p><b>Name:</b></p> <p><b>Phone:</b></p> <p><b>Fax:</b></p> <p><b>Email:</b></p> <p><b>Address:</b></p>	<p><b>DEALER INFORMATION</b></p> <p><b>Name:</b></p> <p><b>Phone:</b></p> <p><b>Fax:</b></p> <p><b>Email:</b></p> <p><b>Address:</b></p>
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**PRODUCT INFORMATION**

<b>Purchase Date:</b>	<b>Invoice #:</b>
<b>Item Model#:</b>	<b>Installation Date:</b>
<b>Installation By:</b>	

**ISSUE WITH PRODUCT**

\*PLEASE BE DETAILED, AND ALSO ATTACH A PHOTO CLEARLY SHOWING THE DAMAGE AND PROOF OF PURCHASE (COPY OF YOUR ORIGINAL SALES RECEIPT, PURCHASE ORDER, OR INVOICE)

  
  
  
  
  
  
  
  
  
  

Customer Signature	Date
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**(Office Use Only)**  
**Manufacturer Suggested Solution/Replacement**

  
  
  
  
  
  
  
  
  
  

Approved by: \_\_\_\_\_

Name	Signature	Date
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