

The House Warranty Claim Form

Must accompany all requests for Warranty Claims.

Please fill out your personal information in this section below. The information you provide must match the information on the original order. If we can't find your original order information, we will not be able to process your request. Please print clearly.

Customer # _____ Order # _____

Name _____ Daytime Phone # _____

Address _____ City _____ State _____ Zip _____

Alternate Phone # _____ E Mail Address _____

What item are you returning? _____

What specifically is wrong with the item? _____

Where is the defect located? Please be specific. _____

Internal use only
<i>Date Received:</i>
<i>Date Returned to manufacturer:</i>
<i>Date Warranty Complete:</i>
<i>Date Customer Contacted:</i>
<input type="checkbox"/> Warranted
<input type="checkbox"/> NOT Warranted
<i>Please provide information of why item is not covered if possible.</i>

(Please provide same information as above)

Customer # _____ Order # _____

Name _____ Daytime Phone # _____

Address _____ City _____ State _____ Zip _____

Alternate Phone # _____ E Mail Address _____