# **Customer Warranty Request**



Clear Form	Save Form	Print Form	
Customer Information			Forte <sup>™</sup> Opening Solutions Information
Date: Distributor: Contact to receive communications:			Attn: Inside Sales Team Email: Your local representative *All Warranty claims submitted via email.
Phone:			Current Location of Doors
Email:			Address:
Order Information			City, state, zip: Jobsite contact if field repair utilized:
Order number:			Are doors installed: Yes No
Item numbers:			Special delivery needs: Yes No (indicate in description of problem below) Replacement door(s) to be shipped to:
Door numbers:			□ Other:
			Delivery call ahead:
			Phone:

## **Detailed Description of Problem/Concern**

#### □ Photos included.

(Photos to include measurements on machining preps whenever possible and stain color issues include approved Forte<sup>™</sup> Opening Solutions color sample against the door(s) in question.)

### **Warranty Note**

Forte Opening Solutions does not cover any expense relating to the removal or rehanging of a door when any defect for which the door is being rejected was apparent prior to installation. All concealed damage must be reported within 5 business days of delivery.

Was damage signed for?  $\Box$  Yes  $\Box$  No

## **Customer Recommendation**

□ Replace (Indicate important dates for job completion that Forte Opening Solutions needs to be aware of):

□ Repair (If repair not arranged by Forte Opening Solutions, estimate for price of repair to be included.)

□ Any other job considerations, charges, concerns, etc., please provide description below.