

HUTTIG-GUARD Fasteners Product Warranty Claim Form

CONTACT INFORMATION:

Name (first & last)			
E-mail address		Phone number	
Street Address			
City, State, Zip Code			

PRODUCT INFORMATION & DETAILS:

Product Name or Description			
Product Color:		Product SKU or UPC (if available)	
Date Purchased		Quantity Purchased	
Date Installed		Quantity with Possible Defect	
Installation Street Address			
Installation City, State, Zip Code			
Application			
Reason for Claim			

Along with this completed claim form, please include photos of structure/application and potentially defective product along with original box and receipt. If submitting via e-mail, include photos of original receipt and box.

Initiate claim via e-mail to fastenerwarranty@woodgrain.com

Or mail claim to:
 Woodgrain
 ATTN: TQMP
 555 Maryville University Drive
 Suite 400
 St. Louis, MO 63141

FOR WOODGRAIN USE ONLY			CLAIM#
Reviewed by:		Date Reviewed:	
Product SKU		Quantity	
Claim Disposition	<input type="checkbox"/> ACCEPT <input type="checkbox"/> REJECT	Claim Disposition Letter Sent	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason code for Accept/Reject			