



# MADAWASKA DOORS

SOLID WOOD CUSTOM DESIGN



## WARRANTY SERVICE REQUEST FORM

PLEASE COMPLETE IN FULL & FAX TO MDI WARRANTY DEPARTMENT

### **COMPANY INFORMATION:**

Date: \_\_\_\_\_ Customer #: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### **ORIGINAL ORDER INFORMATION:**

Invoice #: \_\_\_\_\_ Order #: \_\_\_\_\_ P.O. #: \_\_\_\_\_  
 Date Rec'd: \_\_\_\_\_ Pick-up Address: \_\_\_\_\_

### **DOOR INFORMATION:**

Qty.	Design	Width&Height	Thickness	Species	Comments

### **DAMAGES AND REFUSALS**

Delivered by: \_\_\_\_\_ Received by: \_\_\_\_\_

Damage realized upon delivery? (Attach copy of signed proof of delivery noting this)  Yes  No

Delivery person acknowledged damage?  Yes  No

Is packaging damaged? (Please return with product)  Yes  No

### **COMMON CARRIER OR FREIGHT FORWARDER: (IF APPLICABLE)**

Please attach probill noting damage or refusal (mandatory).  
 Please attach damage report signed by carrier's representative.

### **REASON FOR SERVICE REQUEST** (must be completed by dealer)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **INSTALLATION INFORMATION: (if applicable)**

Installer: \_\_\_\_\_ Date: \_\_\_\_\_ # of Hinges: \_\_\_\_\_  
 Finisher: \_\_\_\_\_ Date: \_\_\_\_\_ # of Coats of Finish: \_\_\_\_\_  
 Type of Finish: \_\_\_\_\_ Are all six surfaces finished:  YES  NO

**ALL MERCHANDISE MUST BE IN COMPLETE COMPLIANCE WITH MADAWASKA DOORS' WARRANTY**

	<b>MADAWASKA DOORS INC.</b> P.O. BOX 938 BARRY'S BAY, ON, CANADA K0J 1B0	TEL: 1-800-263-2358 FAX: 1-800-263-1584 TEL: 1-613-756-2641 FAX: 1-613-756-7071	WEBSITE www.madawaska-doors.com E-MAIL mdi@madawaska-doors.com
	ALL 1-800 NUMBERS ARE TOLL FREE IN CANADA AND U.S.A.		

