

## 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**

 <p><b>MADAWASKA DOORS</b> 10 DIDAK DR. ARNPRIOR, ON. CANADA K7S 0C3</p>	<p>HEAD OFFICE: 613-623-3434 EXT 2257 ORDER DESK: 800-263-2358 FAX: 800-263-1584</p>	<p><b>WEBSITE</b> www.madadoors.com <b>EMAIL:</b> QUOTES@MADAWASKA-DOORS.COM</p>
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ALL 1-800 NUMBERS ARE TOLL FREE IN CANADA AND U.S.A.

