

DFW StoneWorks Warranty Claim

I. WARRANTY PREFERENCE

Please check one. If no preference is indicated, this claim will be processed as a Customer Account Credit.

Account Credit Repair Replacement

II. CUSTOMER INFORMATION

Customer Invoice # _____ Date Completed: _____

Company Name: _____

Warranty Address: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Your Name: _____ Title: _____

Email Address (for warranty claim response): _____

III. PRODUCT INFORMATION

	Product Name	Quantity	Description	Material
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

IV. DETAILED REASON FOR WARRANTY CLAIM

Please include a copy of your invoice and any other applicable information pertaining to the claim. Your feedback is important to the ongoing improvement of our service and products. Thank you.

1) _____

2) _____

3) _____

4) _____

5) _____

FOR OFFICIAL USE ONLY

Warranty Claim # _____ Pieces: _____

Received By: _____ Date: _____