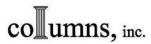
HB&G Companies











Warranty Claim Form

Date:	$\overline{}$	$\overline{}$					
Date.							
Homeowner Name:					Builder Name:		
Name					Contact Name		
Address		1			Address		
City/State/Zip		1			City/State/Zip		
Phone Number					Phone Number	·	
E-Mail					E-Mail		
Dealer Name:							
Contact Name					HB&G Com	nanies	
Address					si 	3 -	
City/State/Zip					P.O. Box 589		
Phone Number	<u> </u>			Troy AL 36081 800-264-4424			
E-Mail	<u> </u>						
Distributor Name	:				warranty@hbgcompani	ies.com_	
Contact Name							
Address		1					
City/State/Zip							
Phone Number							
E-Mail							
Product	Size	SKU#	QTY	Invoice #:			
				Inv. Date:			
				P.O. Date:			
	<u> </u>			Delivery Date:			
				Installaton Date:			
1							
1		1		Description of Problem:			
ł							
Totals		†					
Comments:							
	1						
l 							
 							

PLEASE NOTE:

Photography & Proof of Purchase Required

- 1. Show defects.
- 2. Show end connections (column ends w/o cap and base).
- 3. Show any other relevant conditions.
- 4. Additional Information can be included on separate sheet.
- 5. Provide as much information as possible.
- 6. Mail or email completed claim form, faxed submittials will not be accepted.