

# HB&G Companies



## Warranty Claim Form

<b>Date:</b> <input style="width: 100px;" type="text"/>				
<b>Homeowner Name:</b>			<b>Builder Name:</b>	
Name			Contact Name	
Address			Address	
City/State/Zip			City/State/Zip	
Phone Number			Phone Number	
E-Mail			E-Mail	
<b>Dealer Name:</b>			<h3>HB&amp;G Companies</h3> <p>P.O. Box 589 Troy AL 36081 800-264-4424 <a href="mailto:warranty@hbgcompanies.com">warranty@hbgcompanies.com</a></p>	
Contact Name				
Address				
City/State/Zip				
Phone Number				
E-Mail				
<b>Distributor Name:</b>				
Contact Name				
Address				
City/State/Zip				
Phone Number				
E-Mail				
<b>Product</b>	<b>Size</b>	<b>SKU #</b>	<b>QTY</b>	<b>Invoice #:</b>
				<b>Inv. Date:</b>
				<b>P.O. Date:</b>
				<b>Delivery Date:</b>
				<b>Installaton Date:</b>
				<b>Description of Problem:</b>
<b>Totals</b>				
<b>Comments:</b>				

**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 submittals will not be accepted.