



278 Talleyrand Ave.
Jacksonville, FL 32202
Ph: 904.437.5168
Fx: 888.758.0601
www.fenetex.com

WARRANTY CLAIM REQUEST FORM

CUSTOMER INFORMATION

Name: _____ Purchase Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Original Invoice Number: _____ Original Job Number: _____

PRODUCT INFORMATION

Description of Product: _____
Track Color: _____ Fabric Type: _____
How many screen units in total were installed at the site: _____
Please describe the nature of the problem: _____

Please describe troubleshooting techniques attempted: _____

LIMITED WARRANTY/DISCLAIMER OF WARRANTY

PLEASE refer to the LIMITED WARRANTY/DISCLAIMER OF WARRANTY to ensure you qualify under the warranty guarantees offered by Fenetex. Failure of follow proper timelines and procedures may nullify your warranty claim.

By signing below, I attest that the above information is correct and complete:

Signature

Date

ADDITIONAL INFORMATION

Please email this completed form and PHOTOGRAPHS OF THE PROBLEM IF POSSIBLE to info@fenetex.com.