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 to follow proper timelines and procedures may nullify your warranty
claim. If the issue is found to be outside of the warranty coverage, costs (repair, shipping, travel) will be incurred
by the customer.

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 support@fenetex.com.