



1800 Jay Ell Dr., Suite 200
 Richardson, TX 75081
 (T) 1-866-323-4766
 (P) 972-231-4001
 (F) 972-644-3720

WARRANTY CLAIM FORM

Date of Warranty Claim: _____ WARRANTY PRODUCT REPLACEMENT

CUSTOMER INFORMATION

Customer Name:		Customer ID:	
Address:			
City:	State:	Zip:	
Phone Number:		Fax Number:	
Customer Contact Name:			
Claim Prepared By (if different than customer):			

SHIPPING INFORMATION (if different than customer information above)

Customer Name:			
Address:			
City:	State:	Zip:	
Phone Number:		Fax Number:	

CLAIM INFORMATION

Purchase Dealer/Location:	
Product Lot Number:	Warranty Tag Number:
Purchase Order Number:	Purchase Date:
Invoice Number:	
Reason for request of warranty (please describe defect in material/workmanship):	

QUANTITY	ITEM #	DESCRIPTION	PRICE	TOTAL

- *FOR ALL REQUESTS, PHOTOS AND DESCRIPTIONS/COST BREAKDOWN, AS AVAILABLE, ARE REQUIRED FOR APPROVAL. THIS CLAIM FORM MUST BE SUBMITTED WITH THE REQUIRED DOCUMENTATION TO QUALIFY. PLEASE FAX TO 972-644-3720 OR EMAIL TO WARRANTIES@FORTRESSIRON.COM.
- *PLEASE ALLOW 2-3 WEEKS FOR ALL CLAIMS TO BE PROCESSED.
- *PRODUCT REPLACEMENTS WILL BE MADE UPON PRODUCT AVAILABILITY. IF PRODUCT IS NOT AVAILABLE AT THE TIME OF CLAIM PROCESSING, REPLACEMENT ORDER WILL BE BACKORDERED AND THEN SHIPPED UPON AVAILABILITY.
- *REPLACEMENT PRODUCT(S) WILL BE FOR DEFECTIVE PRODUCTS ONLY, IN ACCORDANCE WITH THE FORTRESS LIMITED WARRANTY. SUBSTITUTIONS OF PRODUCTS, COLORS, STYLES, SIZES, ETC. WILL NOT BE ACCEPTED.

FOR FORTRESS USE ONLY

Comments:	
Warranty Claim #	
Claim Received By:	Claim Received Date:
Approved By:	Approved Date:
Completed By:	Completed Date: