

Today's Date _____

CUSTOMER INFORMATION:

- Customer: _____
- Contact Name: _____
- Phone: _____
- Email: _____
- PO #: _____
- GC Order #: _____

Claim Information

Defect _____

Requested Corrective Action:

- On Site Repair
- Return and Reship
- Return and Replace
- Replace, No Return

Date Completion is Required _____

NOTE: Please use this form to file a claim due to shipping damage, product defect, incorrect items or missing parts. For warranty claims, please fill out the warranty claim form.

Copy this form and email to:
warranty@glasscraft.com or
fax to: 713-690-2919
(Please include Subject line:
Defect Claim Form)