



1800 N. MacArthur Dr., Alexandria, LA 71303-4209
Tel.: (318) 528-8873 Fax: (318) 528-8876

WARRANTY INFO REQUEST

Date: _____ SALES REP.: _____

Purchaser: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Tel. _____ Fax: _____

What is our invoice number of the material you are requesting a written warranty.

Invoice numbers

Coil numbers

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Installers Information:

Address: _____

City: _____ State: _____ Zip Code: _____

Tel.: _____ Fax: _____

Owner of the facility where the material was installed: _____

Full address of where the material was installed:

Address: _____

City: _____ State: _____ Zip Code: _____

Tel.: _____ Fax: _____

Manager's Name: _____ Manager's Signature: _____

Requester's Name: _____ Requester's Signature: _____