

CLAIM FORM



Store Location: _____	Store Number: _____
Store Contact: _____	
Email: _____	
Inspected By: (**Dealer Inspection of All Issues is required) _____	

Customer Name: _____	Phone: _____	
Contact Name: _____	Email: _____	
Cell: _____		
Customer Address (Job Site Address): _____		
City: _____	State: _____	Zip: _____

Contractor Name: _____	Phone: _____
Contact Name: _____	Email: _____
Cell: _____	

For jobs in progress, please call 800.236.1528 opt. 3 or email warranty@wausausupply.com.

Original Order Number: _____ Line #: _____

Date of Purchase: _____ Date of Installation: _____

Description in detail of the problem, including any pictures as necessary:



CLAIM PROCEDURE



In an effort to expedite your claim as quickly as possible, please fill out the Claim Form completely. Below is critical information needed in order to proceed:

- Job site address
- Contact name and phone number
- Original Order Number and Line Number
- Date of Installation
- Pictures of the product showing the issue or concern (required)

Please remember to reduce the file size of your picture prior to e-mailing. E-mails with attachments that are too large may not send or be received. The pictures will be reviewed, and the primary contact will receive a response from a warranty claim representative detailing all available options for your claim.

Please send the completed form to warranty@wausausupply.com.

If you have a claim for a job in progress please send the completed form to: warranty@wausausupply.com. Your case will be accessed and assigned priority upon receipt. To speak with a warranty claims representative call 800.236.1528 opt 3.

Upon claim receipt, our warranty department will enter the claim in our system and acknowledge receipt of the claim to the appropriate parties.

Your cooperation and patience are appreciated during claim handling; it will ensure faster response and resolution time for your claim.

