Attach Convex Ticket here, attach other ticket to part



CONVEX WARRANTY CLAIM REQUEST FORM

ALL fields must be filled in or the warranty will not be processed.

Contractor Company				
Street Address				
City, Province				
Postal Code				
Technician Name & Phone #				
Home Owner Name				
Street Address				
City, Province				
Postal Code				
Installation Date				
Failure Date	2			
PARTS				UNITS
Defective Part #	ective Part #		Defective Unit Model	
Replacement Part #			Serial #	
_			Replacement Model	
Case # (if Vendor contacted prior to submittal)		ubmittal)	Replacement Serial #	
			nopiacement centar ii	
Detailed Problem:				
Detailed Floblem.				
FOR CONVEX USE ONLY – Convex Member MUST fill out before submitting				
Original Sales # (if bought from Convex)				
Replacement Sales #				
Replacement Item Subtotal:				
Convex Member that				
Date Form was Submitted to Convex				