



WARRANTY REQUEST FORM

Please complete the form and forward using "submit button" at bottom right of page.

DATE: _____

DISTRIBUTOR NAME: _____ SALES/PURCHASE ORDER#: _____

SUBMITTED BY: _____ WINDOW/DOOR STYLE: _____

LOCATION/LOWE'S STORE #: _____ ORDER/LINE #/WARRANTY ID#: _____

IS THE PRODUCT ALREADY INSTALLED? ☐ YES ☐ NO

ISSUE CATEGORY: _____

BRIEFLY DESCRIBE THE ISSUE:

PARTS REQUIRED: _____

☐ PARTS ONLY REQUEST

*****COMPLETE THE SECTION BELOW FOR INSTALLED PRODUCTS ONLY*****

CONTRACTOR/INSTALLER:

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

EMAIL: _____

HOMEOWNER INFORMATION/JOBSITE ADDRESS:

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

EMAIL: _____

Who should we contact?

☐ Customer ☐ Contractor ☐ Homeowner

COMMENTS:

If the submit form button doesn't work please confirm you are using the most current version of Adobe Reader. Or, you can download and email the completed form with any photos to atrium.service@cornerstone-bb.com

* # of feet wdw is off ground to service: : Inside _____ Outside _____

* Is Scaffolding required? Yes No