



MASTER CRAFTED DOORS

10681 World Trade Blvd., Raleigh, NC 27617 PH: (919) 781-3200 FAX: (919) 781-2380

SERVICE/WARRANTY REQUEST FORM

DSA strives to provide the highest quality of customer service, as well as a quick and efficient response to any issues that may arise related to our product. It is the purpose of this form to help us determine the best solutions for all of our customers' warranty concerns or needs. If the product purchased from DSA is no longer under warranty, please allow a full weeks lead time for our service department to research and gather the requisite paperwork needed to assess the available options, otherwise please expect to hear from a customer service representative within 2 business days.

Table with 2 rows and 4 columns: CATEGORY: (check ONE), Replacement, Service, Return; DUE TO: (check ONE), Ordered Incorrectly, Damage, Product Defect

To better serve you please provide as much information listed below as possible. We also ask that you include a photo with your warranty request so that we may reference specific issues pertaining to the unit.

CUSTOMER/HOMEOWNER INFORMATION
Homeowner Name:
Jobsite: YES NO
Address:
Phone:
Email:
Builder Name:
Builder Contact number:

DEALER/ORDER INFORMATION
Company:
Location:
Sales person:
Phone number:
Original Order #:
Invoice #:
Date Ordered:
Date Shipped:

PRODUCT DESCRIPTION
WOOD SPECIES:
DOOR STYLE:
SIZE:
GLASS TYPE: Qty:
JAMB SIZE:
SWING:
STAIN COLOR:
Was unit stained within warranty requirements?

JOBSITE INFO
JOBSITE ADDRESS:
OVERHANG LENGTH:
Does your door get a lot of direct sun?
Is this Product INSTALLED?
Date of Installation:
Have you been to the jobsite?
Any pictures ?



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CLAIM DESCRIPTION:

Multiple horizontal lines for claim description input.

Please sign and date below confirming all details listed above are accurate. If all fields within this form are not filled out, the warranty request may take additional time to process. We take every request seriously and appreciate your cooperation with resolving the issues listed above.

DSA will contact you within 2 business days to let you know your claim has been received.

Signature: _____ Date: _____

You may submit this form by FAX or emailing it to the address listed below.

FAX: (919) 781-2380 ATTN: DSA CUSTOMER SERVICE

Email: warranty@dsadoors.com Subject Line: WARRANTY SERVICE REQUEST

INTERNAL USE ONLY table with fields for Claim to, From, Who Submitted the form?, Service/Warranty Charge?, Work to be done, Does a service need to be scheduled?, Date of Service, Who completed the Service, Date completed, Representative name.