

Please fill out this form as completely and accurately as possible. **Red text is required fields.**

End Customer (Homeowner or Builder) Info.

Please specify: <input type="checkbox"/> HO <input type="checkbox"/> Builder		Contact Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No	H/B Email Address:
Homeowner/Builder (H/B) Name:		H/B Phone (Day):	H/B Alternate Phone (e.g. cell):
Site Address: (Please provide directions/map)		H/B Mailing Address (if different):	
City:	State:	Zip:	
Ship To: <input type="checkbox"/> Store Location <input type="checkbox"/> Homeowner/Builder <input type="checkbox"/> Other (Please specify): _____			
People to contact when field service is scheduled:			

(Person submitting form) – Dealer/Salesperson Info.

Contact Name:	JELD-WEN Customer No. (if known):		
Company:	Shipping Address:		
City:	State:	Zip:	Email Address:
Phone:	Fax:	JELD-WEN Service Reference No. (Number assigned by JELD-WEN, if known):	

Product Info. (please fill out as completely as possible)

Original JELD-WEN Order No.:	Original PO No.:	Original Ship Date:
Line No.:	Line No.:	
JELD-WEN Window/Patio Door Collection (please check)		
<input type="checkbox"/> JELD-WEN Wood/Wood Clad	<input type="checkbox"/> JELD-WEN Vinyl	<input type="checkbox"/> JELD-WEN Aluminum
<input type="checkbox"/> Custom	<input type="checkbox"/> Premium	<input type="checkbox"/> Builders
Or - Former Brand Name (please check)		
<input type="checkbox"/> Pozzi	<input type="checkbox"/> Norco	<input type="checkbox"/> Caradco
<input type="checkbox"/> Summit	<input type="checkbox"/> Wenco	<input type="checkbox"/> Windowmaster
<input type="checkbox"/> Seasonsield	<input type="checkbox"/> Other (please specify):	
Product Type (e.g. sliding door, double-hung/single-hung, casement window, etc):		
Glass Serial No/WIN # (list all):	Product Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, Month/Year Installed:	

Details of Service Request (including what has been communicated to customer):

How long has this issue been on-going?			
Number of Windows and Doors in the Home:	Number of windows affected:	Number of doors affected:	Have you been to the site? <input type="checkbox"/> Yes <input type="checkbox"/> No

Internal Use Only

Date Entered:	Reference Number:	Representative Name:
---------------	-------------------	----------------------

Please Submit This Form To:
 JELD-WEN Customer Care
 Fax: 800-436-5954
 Email: jwarranty@jeld-wen.com
 Toll Free: 888-JWHelpU (888-594-3578)