### **ALICE CABINETRY**Warranty Claim Form


### [Select Date]

Thank you for purchasing **Alice Cabinetry product.** We hope that you are enjoying your product aside from the issue that you are contacting us about. We understand that sometimes defects happen and we would love to help! The following form must be filled before the issue can be resolved. Thank you for your patience as we promptly address your claim.

|  |  |
| --- | --- |
| CUSTOMER INFORMATION | DEALER INFORMATION |
| First Name |  | Dealer Name |  |
| Last Name |  | PO Number |  |
| Address |  | Address |  |
| City, STAT ZIP Code |  | City, STAT ZIP Code |  |
| Email |  | Email |  |
| Phone Number |  | Phone Number |  |

Date product was purchased:

dd/mm/yyyy

### Product Information & Complaint

|  |  |  |  |
| --- | --- | --- | --- |
| Product Name |  | Product Item Code |  |
| Order Date |  | Pick Up Date |  |
| Alice Invoice No. |  |  |  |
| Description of the type of damage |
|  |
|  |
|  |
|  |

Make a copy of the sales receipt showing you as the original purchaser.

Present this form, pictures, and a copy of your receipt to your authorized local dealer.

The authorized dealer will then submit all the documentation for a review.

You will be contacted with the results of the investigation within 30 days.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
| Customer Signature |  | Date |  | For [ |  |  | Date |