



WARRANTY REQUEST FORM

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

DATE: _____ DISTRIBUTOR NAME: Lowe's

SUBMITTED BY: _____ SALES/PURCHASE ORDER#: _____

SUBMITTED BY EMAIL: _____ 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 THESECTION BELOW FORINSTALLEDPRODUCTS ONLY*******

CONTRACTOR/INSTALLER:

HOMEOWNER INFORMATION/JOBSITE ADDRESS:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____

STATE: _____

ZIP: _____

ZIP: _____

PHONE: _____

PHONE: _____

EMAIL: _____

EMAIL: _____

Who should we contact?

Customer Contractor Homeowner

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@atrium.com.

COMMENTS:

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

* Is Scaffolding required? Yes No