



# Warranty Info Request

**San Antonio:** 2707 Castroville RD San Antonio, TX 78237 (210) 227-7276 • **Houston:** 6460 Langfield Rd, Houston, TX 77092 (713) 944-4480  
**Dallas:** 2515 Willowbrook Rd Dallas, TX 75220 (972) 331-6800 • **McAllen:** 2221 Austin Ave. McAllen, TX 78501 (956) 627-2966

Date \_\_\_\_\_

Sales Rep. \_\_\_\_\_

Firm Name (Legal Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Tel. \_\_\_\_\_ Fax: \_\_\_\_\_

What is our invoice number of the material you are requesting a written warranty.

Invoice numbers	Coil numbers
_____	_____
_____	_____
_____	_____
_____	_____

Who Installed it... (We need to confirm that it was your company that installed it or it was subcontracted)

If other than purchasing company ... please fill in information.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Tel. \_\_\_\_\_ Fax: \_\_\_\_\_

Owner of the facility where the material was installed: \_\_\_\_\_

Full address of where the material was installed:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Tel. \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

Requester's name

\_\_\_\_\_

Requester's Signature