



Warranty Request Form

Claim Date: _____

NCR # or RMA # : _____

Contact Information

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Phone #: _____ Email: _____

Product and Order Information

Door Serial Number: _____

Part Number and Description: _____

Order Number: _____

Order Date: _____

Invoice Number: _____

PO Number: _____

Description of Problem:

* Please include photos and any other documentation needed to support the claim and help with the warranty review. Photos need to clearly depict the nature of the problem.

Warranty Submission:

Send completed form and all supporting documentation and photos to
WhitingWarranty@WhitingDoor.com .