

WINDOW FILM CUSTOMER CLAIMS REPORT



INSTRUCTIONS: Complete all information and send this form with all necessary samples and clear pictures of claim material to:

Megan Grossman, Quality Engineer
Avery Dennison
8080 Norton Parkway
Mentor, OH 44060

Office (440) 534-6300
Mobile (260) 417-6429
FAX (440) 534-6591
windowfilm.quality@averydennison.com

Distributor/Dealer Name _____ **Contact Name:** _____
Street Address _____ **Phone Number** _____
City and State _____ **Fax Number** _____
Country & Zip Code _____ **Email Address** _____

Customer Claim Reference # _____

Must have at least ONE of the following three numbers:

Customer Purchase Order # _____ Avery Sales Order # _____ Avery Invoice # _____

Product or Item Number: _____ Date of Shipment: _____

Value of Credit Requested \$: _____

# or rolls	Width and Length	Roll ID

Description of Problem:

PLEASE FILL OUT THIS SECTION FOR APPLIED WARRANTY CLAIM

Project Information:

Name: _____ Location: _____
Date of Installation: _____ Type of Installation: _____
Size of Windows: _____
Original Warranty Form #: _____ Date Issued: _____

Failed Window: (circle all that apply)

Clear Tinted Single Pane Laminated Glass IG Unit Low E Coating Low E on Surface #2 Low E on Surface #3
Glass Thickness: _____ Overall thickness IG-unit _____

For applied warranty claims - The Following must accompany this form for the claim to be processed:

- 1) Clear Photos showing the break/film damage
- 2) 2 quotes to replace the glass (in the case of breakage)
- 3) Original warranty form
- 4) Original Invoice

Return the Warranty form and all other information and/or samples to Avery Dennison by either:

Emailing it to: windowfilm.quality@averydennison.com

Mailing it to: Avery Dennison – Window Film Quality
8080 Norton Parkway
Mentor, OH 44060
Attn: Megan Grossman

Submit the samples using a traceable carrier so that package can be tracked