



CABINETRY SECTOR

Warranty Service Request

Date: _____

Name :	_____	Address :	_____
☎ Home.	_____		_____
☎ Work.	_____		_____
Date of Purchase :	_____	Installation date :	_____
MAAX order number :	_____	Installation Co. used :	_____
Location of Purchase :	_____		

Document attached:	<input type="checkbox"/> Original Invoice	<input type="checkbox"/> Photos	<input type="checkbox"/> Other
Date problem discovered : _____			
Explanation of problem:			

Explanation of prior Warranty Service Requests (if applicable):

Recommended course of action:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Denied
	<input type="checkbox"/> More info required – returned to customer	
	<input type="checkbox"/> Other (specify)	

All Warranty Service Requests must be accompanied with proof of purchase and with photographs clearly depicting the defect. MAAX Cabinets Inc. reserves the right to deny any Warranty Service Request that is not in compliance with the applicable product warranty or is not supported by required documentation.

Faxes: MAAX Cabinet’s Customer Service at 1-888-361-2045
 E-mail: Maaxcabinetswarranty@maax.com
 Mail: MAAX Cabinets, Attention Warranty Service Department, 160 St-Joseph Boul., Lachine, Qc, H8S 2L3

_____	Customer Signature
Date	
_____	Dealers Signature

INTERNAL USE ONLY		WARRANTY NUMBER _____	
_____	Credit / commission	_____	Sales / customer service
Date		Date	