



**WARRANTY REQUEST FORM**

NAP Windows & Doors Ltd.  
B1 - 8775 Jim Bailey Crescent  
Kelowna, BC V4V 2L7  
Office Tel: 250-762-5343 / 888-762-5311

**Warranty Tel: 800-427-6514**  
**Warranty Email: cust\_service@aluminart.com**

Store: \_\_\_\_\_

Installed By: Dealer  Contractor  NAP  Other

Installation done by: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address / City: \_\_\_\_\_

Person to Contact: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**\*\* Copy of Original Bill of Sale is Mandatory \*\***

Original P.O # \_\_\_\_\_ Original NAP WO# \_\_\_\_\_

Original Install Date: \_\_\_\_\_

**Specific nature of problem:** (Please be detailed and provide photographs)

**Photographs (Clear Copies Please) Email only.**

1. **Full View** of product taken from **Interior and Exterior** standing directly in front **10 feet** away
2. Close Up picture of issue/s (**not zoomed in**)
3. Please ensure these picture requirements are provided for each product that has an issue.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please keep copy of Email/Fax transmission for your records.

**OFFICE USE ONLY**                      **DATE RECEIVED:**