



## TWO YEAR PORCELAIN EDGE-CHIP WARRANTY CLAIM FORM

Applies to all shapes & sizes of Kiln® Color, Tides® Color, and Artefact™ Collections.

\*\* Images must be included with all claims \*\*

CW #:

Date:

Sales Rep.:

Rep. Firm:

Dealer Name:

Dealer Invoice No.:

Customer Contact Name:

Business Name:

Business Address:

Customer Email:

Business Phone No.:

FOH® Item Number	Description	Original Qty/Ea.	Replacement Qty/Ea
1			
2			
3			
4			
5			
6			
7			
8			

### Additional Details:

Description of Product Issue:

Length of Time in Service:

High or Low Temp. Machine:  Chemical Brand:

Was In-Service Performed?  YES  NO In-Service Date:

1. Please fill-in completely.
2. Photos of chipped items and proof of purchase (copy of dealer invoice or FOH® Packing Slip) required upon request.

**Please email completed form to [warranty@foh.cc](mailto:warranty@foh.cc) or fax to 305.757.7941**

For office use only. Please do not fill out.

Claim Number:

Date Processed :

Notes: