



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: Customer Contact Name:
 Sales Rep.: Business Name:
 Rep. Firm: Business Address:
 Dealer Name: Customer Email:
 Dealer Invoice No.: Business Phone No.:

FOH Item Number	Description	Original Qty/Pr.	Replacement Qty/Pr.
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 or fax to 305.757.7941

For office use only. Please do not fill out.

Claim Number: Date Processed:

1-800-235-2266

TWO YEAR PORCELAIN EDGE-CHIP WARRANTY CLAIM

Two Year Chip Warranty Claim Form

