



4575 boul. Poirier,
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H4R 2A4
Canada

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Limited Warranty Claim Form

*Mandatory fields

*Last name *First name

*Full address

*Phone number *Email

Model number.....

Date purchased.....

*Installation company / Name of installer

.....

***Category**

Shower Door Mirror Vanity

Bathtub Medicine Cabinet Other

Collection

| | | |
|---------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Alina | <input type="checkbox"/> Kara | <input type="checkbox"/> Petra |
| <input type="checkbox"/> Apollo | <input type="checkbox"/> Kinetik | <input type="checkbox"/> Platinum |
| <input type="checkbox"/> Capri | <input type="checkbox"/> Latitude | <input type="checkbox"/> Pura |
| <input type="checkbox"/> Cordoba | <input type="checkbox"/> Lexus | <input type="checkbox"/> Sevilla |
| <input type="checkbox"/> Cordoba Plus | <input type="checkbox"/> Mercury | <input type="checkbox"/> Siena |
| <input type="checkbox"/> Gemini | <input type="checkbox"/> Monaco | <input type="checkbox"/> Skyline |
| <input type="checkbox"/> Gemini Plus | <input type="checkbox"/> Montreal | <input type="checkbox"/> Solo |
| <input type="checkbox"/> Horizon | <input type="checkbox"/> Novara | <input type="checkbox"/> Station |
| <input type="checkbox"/> K2 | <input type="checkbox"/> Novara Plus | <input type="checkbox"/> Other |
| | | |

*Have any parts on the item been replaced since the original purchase? If so, please explain

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*Have any alterations or modifications been made to the original Fleurco product? If so, please explain.....

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*Please explain in full detail the reason for which you are making this claim (including date of incident).....

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Prior to submitting this claim, please ensure that you have read and understood Fleurco's Limited Warranty* and have fully complied with the installation manual which was included with your product. Failure to do so will invalidate this claim.

*Available online at www.fleurco.com/warranty

IMPORTANT

Please include with your claim a copy of your proof of purchase, and any images pertaining to the claims made above.

Mail your claim to:

Fleurco Products Inc.
4575 Boul. Poirier
Montreal, QC
H4R 2A4

SIGNATURE

DATE