

The Door Maker
1730 Meyerside Drive
Mississauga, Ontario, L5T 1A3
www.doormaker.ca
orderdesk@doormaker.ca



The
Door
Maker

Warranty Claim Form

Order #: _____ Order Date: _____

First Name: _____ Last Name: _____

Company Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ Postal Code: _____

Country: _____ State/Province: _____

Explain in detail the product defects. Attach photos for reference.

Replacement Doors Required

Panel Profile	Door Style	Edge Profile	Front Colour	Back Colour	Grain Direction	Dimensions (w x h)	Quantity

Please email this form to orderdesk@doormaker.ca for assistance.