

WARRANTY CLAIM	CLAIM DATE:
A. CUSTOMER INFORMATION	
CUSTOMER NAME:	
ADDRESS	CITY
STATE AND ZIP	PHONE
EMAIL	
B. PRODUCT INFORMATION	
ALUMINUM COLOR DATE OF PURCHASE	PANEL COLOR DATE OF INSTALLATION
C. WARRANTY INFORMATION	
DESCRIPTION OF DEFECT	
*Customer must submit at least two pho	otos to accompany a detailed description of the defect. Please send 1-2 photos

D. POLICY AND PROCEDURE

Once BRIGHTCOVERS™ receives the Warranty Claim Form, BRIGHTCOVERS™ will determine whether the defect is covered by the warranty. BRIGHTCOVERS™ will submit a response to the customer with the warranty determination. If the defect is covered by the warranty, BRIGHTCOVERS™ will remedy the defect within two hundred and forty (240) days of the receipt of notice of the claim. If the defect is not covered by the warranty, BRIGHTCOVERS™ will provide a written estimate of the cost to service and repair/replace the defect.

that is close up of the concerned area, and 1 photo of your whole BrightCovers system.

SUBMIT WARRANTY CLAIMS AND PHOTOS TO: Orders@BrightCovers.com

OR MAIL TO: BrightCovers ATTN: WARRANTY CLAIM DEPT. 3453 W. 140th St. Cleveland, OH 44111