PLEASE COMPLETE ALL REQUIRED FIELDS. INCOMPLETE CLAIM FORMS MAY DELAY PROCESSING.

WARRANTY CLAIM FORM

Warranty Claim Policy

This warranty covers manufacturing defects, missing parts, incorrect products, and products damaged upon delivery. This warranty does not cover products that have been installed, that are subject to normal wear and tear, that are misused, improperly handled, improperly stored, or that are damaged due to incorrect installation.

Please submit your completed Warranty Claim Form along with all required supporting documentation to: Email: warranty@everluxe.us

Warranty Claim Process

• Initial Response: You can expect an initial response within 1–2 business days after we receive your completed warranty claim and all required supporting documentation.
• Claim Review: If additional information is needed, a member of our Warranty Team will contact you.
• Shipping: Once your warranty claim has been approved, replacement parts or products will typically ship within 1–3 business days, subject to product availability.
• Incomplete Claims: Missing information or required photos may delay the review and approval process.

Customer Information

Field	Information
Company Name	
Contact Name	
Email Address	
Phone Number	
Sales Order (SO) #	
Purchase Order (PO) #	
Date Submitted	

Product Information

Field	Information
SKU	
Color / Finish	
Quantity Affected	
Purchase Date	

Claim Information

- ☐ Reason for Claim (check all that apply):
- ☐ Freight Damage (Noted at Delivery)
- ☐ Concealed Freight Damage
- ☐ Manufacturing Defect
- ☐ Assembly Defect
- ☐ Order Content Issue (Missing/Wrong Item)
- ☐ Finish Defect
- ☐ Other: _____

Affected SKU(s) / Description of Issue

SKU	Quantity	Claim Type	Description of Issue

Supporting Documentation

- ☐ Photos of Entire Product
- ☐ Close-up photos of the issue
- ☐ Packaging photos (required for freight damage)
- ☐ Sales Order Number
- ☐ Additional supporting photos (if applicable)
- ☐ Other: _____

Requested Resolution

- ☐ Replacement Product
- ☐ Replacement Part (s)
- ☐ Credit
- ☐ Other: _____

Shipping Information (If Replacement Requested)

Field	Information
Company/Recipient	
Shipping Address	
City	
State	
ZIP Code	
Contact Phone	

Customer Certification

I certify that the information provided is accurate and complete to the best of my knowledge. I understand that submitting this form does not guarantee warranty approval. Additional information may be requested during the review process.

Field	Information
Signature	
Printed Name	
Date	

Internal Use Only

Field	Information
Warranty Claim Number	
Date Received	
Received By	
Reviewed By	
Claim Status	
Approval Date	
Replacement Order #	
Tracking Number	
Date Closed	