

Taylor Building Products
631 N. First Street
P.O. Box 457
West Branch, MI 48661



Dear Homeowner:

Thank you for taking the time to complete the attached *Product Quality Report*. With this report, we will be able to address your concerns and process any warranty claim that may apply. To provide you with the best possible service on your claim, please complete and return the following to our *Warranty Claim Department*.

1. Please provide all the information requested on the Product Quality Report.
2. Please furnish four (4) pictures of the door as follows: A wide inside and a wide outside shot showing the entire front and back face of the door, a close-up shot that focuses on the specific problem, and a close-up shot of the top hinge location on the door with the hinge removed from the door.
3. A copy of the original proof-of-purchase receipt.

Upon receipt of the above information and documentation, we will be able to process your claim.

Taylor and Perma-Door warranties apply solely to the entry slab only, and excludes all attaching hardware, freight, installation, field painting and labor.

Please send your completed warranty claim to:

Taylor Building Products, Inc.
Attn: Warranty Claims
P.O. Box 457
West Branch, MI 48661

Taylor Door/Perma-Door Entry Door Product Quality Report

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Time Phone: _____ Home Phone: _____

1. Which brand of door did you purchase?

Taylor Door

Perma-Door

2. Identify the type of door.

Taylor Brands

Perma-Door Brands

Uni-Door

Royal

Durador

Simplicity

Stainable

Royal Stainable

Fiberglass

Fiberglass

3. At the time of installation was this door:

Prime Painted

Finish Painted

Finished Stained

Unstained

4. In the door was installed as a "Prime Painted" or "Unstained", who finish painted or stained?

Builder

Dealer

Previous Owner

Painter

Current Owner

5. Exact door size in inches: Height _____ Width _____

(Please measure steel door only and do not include any framing or weather-strip)

6. Description of Concern:

Installing Dealer Information

Name: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Date of Purchase: _____