



5400 N. Michigan, Saginaw, MI 48604 | 989.752.4275 | glastender.com

Warranty Service Request
See Warranty Terms coverage period.

Serial Number:

Model Number:

Installation Date: / /

On-Site Contact

Name:

Phone Number:

Email:

1.

2.

3.

Business/Location Info

Name:

Address:

City:

State:

Zip:

Detailed Customer Concern:

Note: All fields must be complete.

Please send completed form to:
warranty@glastender.com

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