

## **DuPont Building Innovations – Surfaces Consumer Warranty Registration Form - Instructions**

1. This form is for Fabricators to submit information directly to DuPont when no direct access/license to Salesforce.com is available. This form should not replace utilization of Salesforce.com if the fabricator has been granted user id/access.
2. This form should be utilized for all products.
3. Please type or write required information in all fields.
4. The Template includes 10 pages for 10 warranty registrations. If you are submitting more than 10 – create a new document for next 10, etc.
5. The Template pre-populates the fabricator and distributor information – from page 1 of template to pages 2-10.
6. Fax to 1-800-417-1266 OR Email to [claimsinv.surfaces@usa.dupont.com](mailto:claimsinv.surfaces@usa.dupont.com) with “Warranty Registrations” in the subject line.
7. Please include the following on your cover fax cover sheet or in your e-mail:

Attn: DuPont Warranty Center  
# of Warranty Registration Pages Attached/Enclosed

From: Fabricator Name, Fabricator ID  
Contact Name  
Contact Phone Number  
Contact E-Mail Address

8. DuPont Warranty Center will acknowledge receipt of your fax or e-mail.
9. If there are questions regarding status of a warranty cards transmission, please contact 1-800-426-7426 – Prompt 2 (Owners), Prompt 1 – Warranty Registration.

## Warranty Registration Fax Template

<b><u>Fabricator Information:</u></b>							
Customer Name:				CFI#:			
Street Address:							
City, State, Zip							
Fabricator Email:							
<b><u>Distributor Name:</u></b>				ID#			
<b><u>Owner Information:</u></b>							
First & Last Name:							
Street Address:				Lot #			
City, State, Zip Code:							
Phone #:							
<b><u>Retailer Information:</u></b>				ID#:			
Company Name:							
Street Address:							
City, State, Zip Code:							
<b><u>Market Segment</u></b> <b><u>(check one):</u></b>		<input type="checkbox"/> The Home Depot/Expo		<input type="checkbox"/> Consumer Direct Countertop Replacement		<input type="checkbox"/> Specialty Retailers (Remodel)	
		<input type="checkbox"/> Lowe's		<input type="checkbox"/> Other Home Center		<input type="checkbox"/> New home/new condo construction	
Installation Date (mm/dd/yy):							
Product Line	Color	Quantity	Units	Gauge (sheet/slab only)	End Use	Sink Model #	Advantage Pack # (Granite Only)

## Warranty Registration Fax Template

<b><u>Fabricator Information:</u></b>							
Customer Name:				CFI#:			
Street Address:							
City, State, Zip							
Fabricator Email:							
<b><u>Distributor Name:</u></b>				ID#			
<b><u>Owner Information:</u></b>							
First & Last Name:							
Street Address:				Lot #			
City, State, Zip Code:							
Phone #:							
<b><u>Retailer Information:</u></b>				ID#:			
Company Name:							
Street Address:							
City, State, Zip Code:							
<b><u>Market Segment</u></b> <b><u>(check one):</u></b>		<input type="checkbox"/> The Home Depot/Expo		<input type="checkbox"/> Consumer Direct Countertop Replacement		<input type="checkbox"/> Specialty Retailers (Remodel)	
		<input type="checkbox"/> Lowe's		<input type="checkbox"/> Other Home Center		<input type="checkbox"/> New home/new condo construction	
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