



OPTIMA QUARTZ WARRANTY **CLAIM FORM**

Form must be completed by the fabricator whom has purchased the material in question. Provide any information necessary.

Please review Optima Premium Quartz Residential Lifetime Warranty and the Care & Maintenance Sheet to ensure that you have followed the recommendations provided.

CUSTOMER INFORMATION

Name:

Phone:

Address

City State Zip Code

E-mail Address:

PRODUCT INFORMATION

Purchase Date: Installation Date: Date in which Fabricator viewed product:

Please provide description of the product application. Include design and product specifications. (Attach any photos, documents, etc.)

Description of claim:

This form must be completed. Please print out and have form mailed in to Casa bella at 1901 SE Grand Ave Portland, OR 97214

I have read and understand the terms and conditions.

Fabricator Signature: _____ Date: _____