



James Hardie Building Products, Inc.
10901 Elm Avenue
Fontana, CA 92337
ATTENTION: Claims Department

(866) 375-8603
Fax # (909) 356-7442
claims.administration@jameshardie.com

WARRANTY CLAIM FORM FOR DISTRIBUTORS AND DEALERS

To Whom It May Concern:

Please complete the questions below and send to the address above with the following ***required*** documentation: **1. Copy of receipts of purchase or PO#, 2. Photographs of product, production code and state pallet tags. 3. Samples (if available).** Until all of the above are received with this completed form your claim cannot begin the review process. Thank you for your cooperation and for choosing James Hardie. We will make every effort to respond back to you in a timely manner once we have received your **completed claim information.**

Distributor/Dealer Name: _____ Contact Name: _____

Mailing Address: _____

City: _____ State/Providence: _____ Zip Code: _____

Billing Address (if different from above): _____

City: _____ State/Providence: _____ Zip Code: _____

Work/Cell: _____ Fax: _____ E-mail: _____

Product Type: _____ Color: _____ Production Codes: _____

Date Purchased: _____ # of Pieces Affected: _____ Is this a VMI Product (Circle one): Yes / No

If Yes, Order# _____ Product Installed (Circle one): Yes / No If Yes, Complete selection below:

Job Name / Site Address: _____

Builder / Contractor / Site Name: _____

Type of Project (Circle all that apply): New construction / Remodel / Multi-family / Commercial

Explain Concern: *If extra space is necessary use the back of this form to complete your explanation.*

I (we) state that the above referenced statements are true and correct to the best of my/our knowledge.

Signature(s): _____ Date: _____

***** Return claim form to Claims Department with the following.*****

-A copy of the receipt verifying purchase of the product or PO#

-Photographs which illustrate your concern (*label the back of the photographs with your name & address*)

-Samples (*if available*)