

***SUBMIT FORM**

*Please make sure completed form is attached to email.

All information must be completed to avoid a delay in credit processing or possible credit rejection.

Norton Customer Account #: _____
 Distributor Name: _____
 Address: _____
 City/Town: _____ State/Province: _____ Zip/Postal Code: _____
 Contact Name: _____ Phone #: _____ Fax #: _____

(CUSTOMER USE ONLY)

Service Claim #: _____ Model: _____ Serial #: _____
 Purchase/In Rental Date: _____ Failure Date: _____

Product Owner:

Name: _____ Phone #: _____
 Address: _____
 City/Town: _____ State/Province: _____ Zip/Postal Code: _____

Description Of Issue: _____

Replacement Parts Order #: _____

QTY	PART# / UPC#	DESCRIPTION	PRICE

Parts Total
Freight
Miscellaneous
Labor Charges
Total Claim

Calculating Total Labor Charges
 Labor Hours _____ x Labor Rate _____ = _____ Labor Charges

Email forms to **NACustomerService@saint-gobain.com**



REDEFINING
JOBSITE MUSCLE™

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USA CUSTOMER SERVICE:

Toll Free Phone: 1 (800) 554-8003
 Toll Free Fax: 1 (800) 443-1092

CANADA CUSTOMER SERVICE:

Toll Free Phone: 1 (800) 263-6565
 Toll Free Fax: 1 (800) 561-9490

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