



WARRANTY REPLACEMENT ORDER FORM

MAIL TO: SEMCO Windows & Doors, Inc.
 P.O. Box 378 Merrill, Wisconsin 54452-0378
 Or FAX TO SEMCO SERVICE DEP. AT: 1-800-456-2206

Prepared By: _____ Date: _____

SEMCO Distributor: _____ Job Name: _____

City: _____ State: _____ Zip: _____ Address: _____

Phone: _____ City: _____ State: _____ Zip: _____

Dist. P.O. Number: _____ Phone: _____

Shipping Instructions: _____

PLEASE NOTE: Requests for warranty replacements MUST specify the date of purchase. _____
 Insulated glass replacement requires the identification code from the defective glass (see below).

LoE	Cardinal (etched on glass) quarter and year _____ Semco LoE (on spacer bar) month/day/year _____ Others (Hoffer, TAS, Interpane, Old Castle) _____
Dualpane	Semco NRG-SAV'R (ink on spacer bar) eight digit code or date: _____ Cardinal (etched on glass) quarter and year _____ Others (Hoffer, TAS, Interpane, Old Castle) _____

PLEASE NOTE: In the description column (see chart below), please indicate type of product and whether you want sash, glass only, hardware, etc. Due to product changes, complete descriptions and dates are necessary in order to furnish the correct materials.

Qty.	Description of Product	Top or Bottom Sash	Glass Size	Type of Glass	Hinges From Outside	Unit Color

Semco Use Only Code: _____

Reason For Replacement: _____