



cabinets@colepapers.com



MASTERBRAND
CABINETS, INC.

Job-Site Claim Request Form

Date

Dealer Info

Dealer Name	
Salesperson	
Office Phone	
Cell Phone	
Email	

Homeowner Info

Name	
Address	
City/State/Zip	
Phone	
Email	

Product Information

Cabinet Brand	
Sales/Invoice Order #	
Is product installed?	Yes No
Date installed?	
Installer	Dealer Homeowner Other
Is issue install related?	Yes No
Have all adjustments been done?	Yes No

Has Dealer visited site?	Yes	No
What is scope of issue?	# Cabs	# Parts
Are photos available?	Yes	No

For each issue email/text photo of cabinet, box, label

Email final bid packet copy

Additional Comments

Example: Scratch in Door

Example: Left Door of W3036

Resolution

Issue

Cabinet/Part Affected

Follow Up

Date	Action Item	Person Responsible

Job Resolution Date