



QUALITY ASSURANCE REQUEST

Who are you?

Home Owner

Contractor

BILCO Distributor/Dealer

First Name:

Last Name:

Company name (If applicable):

Phone Number:

Email:

Who should we contact?

Contact Role:

Home Owner

Contractor

BILCO Distributor/Dealer

First Name:

Last Name:

Company name (If applicable):

Phone Number:

Email:

Address where BILCO product is located:

Address 1:

Address 2:

City:

State:

Zip:

BILCO Product:

Basement Door:

Steel Sided [

Primer finish

Powder Coat finish]

SLW Door

Ultra Door

Window Well:

ScapeWEL

StakWEL

Cover

BILCO product serial number(s): If there are issues with multiple parts and/or accessories please include all serial numbers.

Product photos: Please attach photos to help us assist you. Include at least one photo showing the product in its entirety and close up photos of the particular warranty issue. **Note: Photos are required to resolve all warranty issues.**

Please describe in detail the issue you are having or the part(s) you are requesting.

Clicking the "Submit by Email" box will open a new email with this form as a pdf.
Pictures can then be added as attachments to the email.