

Name:
Address:



WINDOW CORP.
"Where Quality Rules"
Since 1955

P.O. BOX 166, ROUTE 100, PASCOAG, RI 02859-3521
TEL: (401) 568-3061 FAX: (401) 568-2273

WARRANTY CLAIM FORM (ORDERS PLACED AFTER 6/06/07)

CUSTOMER HOME PHONE NO: _____ WORK PHONE NO: _____

Please provide the following information taken from the white product identification label located on your window and mail or fax completed warranty claim form to the above address:

PLEASE FILL IN COMPLETELY

| | | | |
|------------------------------------|---------------------|-------------------------|-------------------|
| DATE | ORDER NUMBER | CUSTOMER NAME | |
| PART NUMBER | | PART DESCRIPTION | |
| OFFICE USE (DO NOT FILL IN) | | SIZE | (x) of (x) |
| OPTIONS | | | |

CHECK ALL THAT ARE APPLICABLE:

Insulated glass seal failure or stress crack :

- Double Hung (Top Sash) Double Hung (Bottom Sash)
- Slider (Left Sash – From Inside) Slider (Right Sash – From Inside) Slider (Center Sash)
- Picture (Sash)

Please indicate all options included with original unit:

- Low E Glass Argon Gas Tempered Glass

GRIDS (Muntin):

- Colonial (Flat) Designer (Contoured) Diamond
- Color: White Almond Territone

Sash _____

Please indicate grid configuration(s) in boxes provided.

Sash _____

OBSCURE GLASS:

- Double Hung (Top Sash Only) Double Hung (Bottom Sash Only) Both Sashes

BALANCES:

- Top Sash Bottom Sash Both Sashes

Describe warranty problem – Please be specific and include quantities:

Note: There will be a \$60.00 delivery charge, for MA, CT and RI, unless you choose to pick up at our plant. All other states will be shipped Freight Collect at the customers expense. Please indicate your option of delivery/payment below:

- Enclosed is your check or money order made payable to: Lockheed Window Corp.
- I will pick up at Lockheed Window Corp. plant (no check enclosed).