

PLEASE COMPLETE:  
 NAME/ADDRESS/PHONE NUMBER



**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 (FOR ORDERS AFTER 6/6/07)**

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:**

- 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

Please indicate grid configuration(s) in boxes provided.

Sash \_\_\_\_\_

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:**

**PRO-RATED CHARGES MAY APPLY DEPENDING ON DATE OF MANUFACTURE. THE CUSTOMER SERVICE DEPARTMENT WILL NOTIFY YOU OF ANY APPLICABLE CHARGES UPON RECEIPT OF YOUR CLAIM FORM.**

**Note: There will be a \$25.00 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).