

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 PRIOR TO 6/6/07)

CUSTOMER HOME PHONE NO: _____ WORK PHONE NO: _____

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

PLEASE FILL IN COMPLETELY

| | | | | |
|--------------|-----------------------------|---------------------------------------|----------------|------|
| CUSTOMER NO. | CUSTOMER REFERENCE NO./NAME | ORDER DATE | WORK ORDER NO. | |
| DESCRIPTION | | WIDTH - FINISHED SIZE - HEIGHT | | TYPE |

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).