



EXTENDED SERVICE CONTRACT CLAIM FORM



Date: _____

Dealer Information

Company Name: _____ Customer #: _____

City/State/Zip: _____

Contact Person: _____

Phone #: _____

E-mail: _____

Retail Consumer Information

Job Name: _____

Expense Information

Labor to Remove and Install: \$ _____ (Total of attached Receipts)

Water to Fill: \$ _____ (Total of attached Receipts)

Materials to Prepare Bottom: \$ _____ (Total of attached Receipts)

Freight: \$ _____ (Total of attached Receipts)

Chemicals: \$ _____ (Total of attached Receipts)

Miscellaneous: \$ _____ (Total of attached Receipts)

Total: \$ _____ (Total of attached Receipts)

Liner Information

Original Invoice #: _____

Liner Serial/Production #: _____

Credit Invoice #: _____

Extended Service Contract Applicable

Diamond Platinum Gold Gold Steel Silver AG

Submission: Claim Form and all applicable documentation and receipts must be submitted within 90 days of replacement installation.
Send To: The Vinyl Works Inc.
Corporate Services/Warranty Dept.
33 Wade Rd.
Latham, NY 12110

Authorization: _____ Date: _____