

CLAIM FORM
Heritage Collection



Please fill out the following form as complete as possible to help us assist you better.
Send the email to VT Industries to door_info@vtindustries.com.

Claim Submission Date: _____ **Requested Resolution Date:** _____

Your Name: _____ **Your Title:** _____

Your Phone: _____ **Your Fax:** _____ **Your Email:** _____ @ _____ .
(include area code: xxx-xxx-xxxx) (include area code: xxx-xxx-xxxx)

Do you have firsthand knowledge of the claim? Yes No

Claim Initiated by: (If same as above leave blank.) _____

VT Customer Name: _____ **Contact Name:** _____

Contact Phone: _____ **Contact Fax:** _____ **Contact Email:** _____ @ _____ .
(include area code: xxx-xxx-xxxx) (include area code: xxx-xxx-xxxx)

Project Name: _____ **Project Location:** _____

VT File #: _____ **VT Shop Order #:** _____
(11 digits) (6 digits)

Claim description and door numbers: _____

If dimensions are involved, provide actual dimensions of claim issue and/or location from top of door: _____

Can claim issue be solved in the field? Yes No **Have doors been hung?** Yes No

Possible solutions: _____

Note: Photos may assist in resolving claim issues. Attach/send your photos with this form to door_info@vtindustries.com.
If emailing the photos is not an option please send the photos via real mail to:
VT Industries Inc. • Attn. Technical Services Department • 1000 Industrial Park • Box 490 • Holstein, IA 51025

VT Industries shall not be liable for doors repaired or replaced without its prior written consent.