



### VT INDUSTRIES SUPA COLLECTION CLAIM FORM

Claim Submission Date: _____	Sales Rep: _____
Door Type: _____	Has a site visit been completed?
Quantity of Door Claims: _____	Yes    No

Contact Name: _____	Company Name: _____
Phone Number: _____	Email Address: _____
Project Name: _____	Project Location: _____
VT Shop Number: _____	Claim Reason: <i>(check below)</i>
Requested Resolution Date: _____	Hardware                      Swing/Size
Claim Description and Door Numbers: _____ _____ _____	Finish/Face Material      Construction
	Damage/ Defect              Accessories
	Other: Please Specify.

Are photos available?	Yes	No	If no, please explain. _____
Have doors been hung?	Yes	No	_____
Can claim be resolved in the field?	Yes	No	If yes, by whom? _____
<b>Recommended Resolution:</b> <i>(Please provide all necessary jobsite addresses &amp; contact information for field resolution.)</i>			
_____ _____			

VT Industries shall not be liable for doors repaired or replaced without its prior written consent.  
Attach / send your photos with this form to [supaclaims@vtindustries.com](mailto:supaclaims@vtindustries.com)