



VT INDUSTRIES EGGERS DIVISION CLAIM FORM

Claim Submission Date: _____	Sales Rep: _____
Product Type: _____	Has a site visit been completed?
Quantity of Door Claims: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Name: _____	Company Name: _____
Phone Number: _____	Email Address: _____
Project Name: _____	Project Location: _____
PO/Order Number: _____	Claim Reason: <i>(check below)</i>
Installatoin Date: _____	<input type="checkbox"/> Hardware <input type="checkbox"/> Swing/Size
Claim Description and Door Numbers: _____ _____ _____	<input type="checkbox"/> Finish/Face Material <input type="checkbox"/> Construction
	<input type="checkbox"/> Damage/ Defect <input type="checkbox"/> Accessories
	<input type="checkbox"/> Other: Please Specify. _____

Are photos available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain. _____
Have doors been hung?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Can claim be resolved in the field?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom? _____
Recommended Resolution: <i>(Please provide all necessary jobsite addresses & 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 eggdivclaims@vtindustries.com