



VT INDUSTRIES 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: (check below)
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? _____
Recommended Resolution: (Please provide all necessary jobsite addresses & contact information for field resolution.)

VT Industries shall not be liable for doors repaired or replaced without its prior written consent. Attach / send your photos with this form to door_info@vtindustries.com