

**THE VINYL WORKS, INC**  
**EXTENDED SERVICE CONTRACT CLAIM FORM**

**Dealer Information:**

*Dealer Name/Number:* \_\_\_\_\_  
*City/State/Zip:* \_\_\_\_\_  
*Date of Claim:* \_\_\_\_\_  
*Contact Name:* \_\_\_\_\_  
*Contact Phone & E-mail:* \_\_\_\_\_

**Retail Consumer Information:**

*Name:* \_\_\_\_\_  
*Address:* \_\_\_\_\_  
*City/State/Zip:* \_\_\_\_\_

**Liner Information:**

*Original Invoice #:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
*Liner Serial #:* \_\_\_\_\_  
*Credit Invoice #:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**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)  
*Total:* \$ \_\_\_\_\_ (Total of attached Receipts)



**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

Vinyl Works Authorization: \_\_\_\_\_ Date: \_\_\_\_\_