

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)



LINERGUARD
ABOVE GROUND

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: _____