



DEALER SERVICE REQUEST FORM

Rev: 13OCT15

DEALER INFORMATION

ISSUE DATE: _____

*Dealer Name: _____ *Verified By: _____

Phone: _____ *Email: _____

VWD ORDER INFORMATION

*Original P.O.: _____ *Date: _____

*VWD Order #: _____ *Line Number(s): _____

*Line Item(s): _____

*Describe Issue: _____

To Order: Please send the completed section above to service@vinylwindowdesigns.com
Or fax completed form to 1-416-741-6307 or 1-800-565-5292
Include pictures and any relevant information for more efficient service.

PLEASE NOTE: *Only completed Service Request Forms can be processed

REQUEST FOR ON-SITE SERVICE

Please note, labour & travel charges are not covered by the Vinyl Window Designs Ltd. Warranty and will be charged on a per hour basis when a factory technician has been requested.

Please fill out the homeowner's information below to request on-site service:

Name: _____ Home Phone: _____

Email: _____ Other Phone: _____

Address: _____

City: _____ Province: (ON) Available in Ontario only