

INTERSTATE WINDOW & DOOR WARRANTY DEPARTMENT Toll Free: 800.338.9997

Fax: (570)-655-3242

Damage, Missing Part, Warranty Claim Form - 2021

Please note: This warranty claim form will NOT be considered unless the proper information is submitted. Please be sure to fill out this form in its entirety in order to expedite your claim.

> All claims are handled by Customer Service Representatives for the first 30 days after initial delivery. After 30 days all claims are then handled by the Warranty Department.

FAX OR EMAIL COMPLETED FORM AND PHOTOS TO - FAX: (5/0)-655-3242												
EMAIL: warranty@interstatebldg.com			EMAIL: service@interstatebldg.com									
I (DOCK' Warranty I	ity Claims Start after Delivery			Check:	Damag	ge	Missi	ng	Other			
Date:												
Dealer Company Name:				Dealer Contact Name:								
Contact Telephone:					Sta		State:		Zip:			
Property Owner (when applicable):												
Property Owner Name: Phone:												
Address:	City:		State:		Zip:	ip:		BEST TIME TO CALL:		AM PM		
Note: The information needed to process this request is on a label located up inside the head of windows, and at various points of the frame exterior (accessible only before installation). At the Top/Center of each label is a six digit number that may be followed by a letter(s), with a dash and number, immediately after the dash. These are the Order number and specific line item number for that unit. The Order Date is located in the upper left corner of the same label.												
This information requested on this form is required to proceed with any service or warranty request.												
Order Date Order Number 11/2/2016 9800DH - FRAME \$:15531 8:14 Bin: 1 Order Number 203380SAM - 1 22 W X 34 H LABEL = 98DHPIN SAM, M				INTERSTATE WDW 1 of 15 IS, R, SAMP			*INT	*INTERSTATE ORDER #: * REQUIRED				
Photos of the requested warranty/parts claim are required on each item ORDER DATE: listed below. Please insure all photo's are in focus, clear, and issue is easily												
viewable to avoid delays in processing your request.				DELIVERY DATE:								
PHOTOS NECESSARY TO SEND WITH THIS CLAIM FORM:												
 Entire window unit from 10 ft. away Interior shot Entire Screen Entire Sash 						PHOTOS ATTACHED	PARTS ONLY	REQUEST MA	E TECH ED - (FEE Y BE			
LINE ITEM # BRIEF DESCRIPTION	ON OF ISSUE		PARTS	NEEDED	ED TO COMPLETE		E YES		APPLI	APPLICABLE)		

Submission of this form is to initiate the Interstate review process only and does not guarantee that any part of the claim will be covered under warranty. Issues determined to be a result of incorrect ordering, improper handling, and/or faulty or improper installation may incur additional charges for Parts and/or Service fees. Interstate may require return of all defective parts for inspection before claim will be reviewed. All non-warranty issues will incur the standard charges. Concealed damage requests are valid only within 7 days of delivery. Failure to submit this form or incomplete information may cause a delay in reviewing or processing a claim. The validity of all claims are at the sole discretion of Interstate Window & Door Company.