

WARRANTY TRANSFER REQUEST



2921 McBride Court
Hamilton, OH 45011
513-772-2247
www.vinylmax.com

Date: _____

Original Purchaser Name: _____

Installation address: _____

City: _____ State: _____ Zip: _____

Vinylmax Order Number: _____

Total number of windows: _____ Original installation date: _____

New Homeowner name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Transfer Date: _____

Please mail request with a check for \$40 payable to :

Vinylmax
Warranty Transfer
2921 McBride Ct.
Hamilton, OH 45011

Upon receipt, an acknowledgement of warranty transfer
will be emailed to the new homeowner(s)

