



Warranty Claim Form

Our goal is to provide the fastest and simplest claims process possible. This form contains all of the essential information necessary for us to process your claim under your limited warranty. Please fill out this form and send it in along with a copy of your original sales receipt and photos of the defective film. This will help us process your request without delay.

CONTACT INFORMATION

Name:

Street Address:

City, State and Zip:

Phone Number:

Email Address:

PRODUCT & PURCHASE INFORMATION

Purchase Date:

Order Number:

Product Name:

Product Number:

CLAIM INFORMATION

Brief Explanation of Defect:

Please send a copy of this form, a copy of your original receipt and photos to:

Concord Window Film
141 Parker Street
Suite 105
Maynard, MA 01754

Or email us at: support@windowfilm.com.