



- Vintage Doors Warranty Registration Form -

Thank you for your recent purchase! To validate your warranty, this form must be submitted to Vintage Doors within 30 days of delivery. Failure to return this product registration form will void the warranty. This warranty extends to the original purchaser of the door and cannot be transferred or assigned. Any attempt to transfer or assign the warranty shall void the warranty. Please fill out this form and return it by fax: (315) 324-6531, email: cs@vintagedoors.com or mail it to:

YesterYear's Vintage Doors & Millwork, LLC.
66 South Main Street
Hammond, NY 13646

If you have any questions, please contact customer service at (800)-787-2001. Thank you.

CONTACT INFORMATION:

Please fully & accurately complete your registration form. All fields are required.

Company (if applicable): _____

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Country: _____

Email: _____

Phone: _____

PRODUCT INFORMATION:

Project Type:

- New Home Construction
- Addition to Existing Home
- Replacing existing doors in Home
- Historical Renovation
- Non-Residential
- Other: _____

What model door(s) did you purchase?

- Screen/Storm
- Porch Panels
- Dutch Door
- Interior
- Exterior
- Transom/Sidelight
- Pet Gate
- Other: _____

What wood(s) choice did you purchase?

- Poplar
- Red Oak
- Ash
- Maple
- Eastern White Pine
- Knotty Pine
- Knotty Alder
- Spanish Cedar
- African Mahogany
- White Oak
- Vertical Grain Douglas Fir
- Honduran Mahogany
- Quarter Sawn Red Oak
- Quarter Sawn White Oak
- Other: _____

Door Location:

- Totally Exposed
- Under Slight Overhang
- Totally Covered By a Porch

I Am A:

- Homeowner
- Architect/Designer
- Builder/Contractor
- Supplier/Dealer
- Other: _____

When did you receive your purchase? Month: _____ Year: _____

When did you finish your door(s)? Month: _____ Year: _____

What finisher/method/product did you use?

- Professional Finisher
- Contractor/Builder
- Did it Myself
- Other: _____

I CHOSE TO PAINT:

Primer Type: _____ Number of Coats: _____

Finish Coat Type: _____ Number of Coats: _____

I CHOSE TO STAIN/VARNISH:

Stain Type: _____ Number of Coats: _____

Varnish Type: _____ Number of Coats: _____

When did you install your door(s)? Month/Date/Year: _____

Otherwise Circle: Not Installed Yet

Installation Type:

- Installed Through Supplier/Dealer
- Builder/Remodeler/Contractor
- Did it Myself
- Other: _____

Name of Installer/Company: _____

***I CERTIFY THAT ALL INFORMATION IS CORRECT TO ACTIVATE MY WARRANTY**

Signed: _____ Date: _____