

# Warranty Transfer Form

## WARRANTY TRANSFER INFORMATION

New Homeowner's Name: \_\_\_\_\_

Address of Home: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Home Purchase: \_\_\_\_\_

Date of Original Installation: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Original Order Number: \_\_\_\_\_

\$25 Transfer Fee Included (*Check or money order only.*)

Mail completed form to:  
**Vista Window Company**  
**1701 Henn Pkwy SW**  
**Lordstown, OH 44481**

*Attention: If you have any questions, contact  
Vista Window Customer Service at (330)259-4700.*

