



WARRANTY APPLICATION FORM

Building Name: _____

Date Requested: _____

Building Address: _____

Building Owner Information:

Owner Name: _____

Address (If different from above): _____

Phone Number: _____

Cell: _____

Email Address: _____

Contractor Information:

Company Name: _____

Name of Installer: _____

Address: _____

Primary Contact: _____ Company Number: _____

Company Email: _____

Installation:

Start Date: _____

Completion Date: _____

Roof Substrate: _____

Gallons Used: _____

Project Size (sq. ft.): _____

Product Used: ☐ Product No. 10000

☐ Product No. 7000

☐ Product No. 4000

☐ Product No. 990

Primer Used? ☐ Product No. 297X

☐ Product No. 295G

Underlayments Used? ☐ No ☐ Yes

If yes, please select one: ☐ One Ply ☐ Two Ply ☐ Three Ply

Polyester Used? ☐ No ☐ Yes

Please send all project receipts and invoices with this form to vanessa@rubberized.com.

If you have any questions, please feel free to contact us at (520) 293-7000.