



APPLICATION FOR PRODUCT WARRANTY

1. Name and Address of Project:

Project Name:

Street Address:

City, State and Zip:

2. Name and Address of Architect/Engineer:

Firm:

Street Address:

City, State and Zip:

3. Name and Address of General Contractor:

Firm:

Street Address:

City, State and Zip:

Attention:

Phone:

4. Name and Address of Contractor Applying Pecora Products:

Firm:

Street Address: City, State and Zip:

Attention:

Phone:

EMAIL ADDRESS: _____



APPLICATION FOR PRODUCT WARRANTY

One Application for each product / primer used on the project

Sealant_____ Primer_____

Quantity_____ Quantity_____

Color_____ Lot # _____

Lot # _____

5. Surfaces/Substrates to which Pecora Products will be Applied; i.e., Metal-to-Metal; Metal-to-Precast; Marble; Granite; EIFS; Concrete; Brick, Etc.

6. Lineal/Square Feet Applicable to Pecora Products in the Installation (Approximate)

Lineal Feet

Square Feet

7. Firm from Whom Pecora Product Purchased:

Firm:

Street Address:

City, State and Zip:

Attention:

Phone

8. Completion Date of Product Installation:

10. Requested length of Warranty from Date of Completion: _____yrs

11. Who is the Owner of Project:

Street Address:

City, State and Zip:

Attention:

Phone:

13. Name of Sales Representative from Pecora:

14. SEND WARRANTY TO (EMAIL ADDRESS)