

**APPLICATION FOR WARRANTY**

**PAINT**  **Please Check One** **GALVALUME / ZINCALUME**

Rollfab Customer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City-State-Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

RMP Invoice Number(s): \_\_\_\_\_  
Completion Date: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
City-State-Zip Code: \_\_\_\_\_

Owner-project property: \_\_\_\_\_  
Address: \_\_\_\_\_  
City-State-Zip Code: \_\_\_\_\_  
Architect: \_\_\_\_\_  
Address: \_\_\_\_\_  
City-State-Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

General Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City-State-Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Color(s): \_\_\_\_\_  
Material (Steel, Aluminum): \_\_\_\_\_  
Gauge: \_\_\_\_\_  
Quantity / Sq. Ft: \_\_\_\_\_

Customer Signature: \_\_\_\_\_  
Customer Name: \_\_\_\_\_  
(Please Print) (Date)

**NOTE: FINAL WARRANTY WILL NOT BE ISSUED UNTIL ALL INVOICES HAVE BEEN PAID IN FULL.**