



www.rollfabmetal.com

APPLICATION FOR WARRANTY

Please Check One

PAINT 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.