PERMA-TECH ROOFING SUPPLY
THE SCIENCE OF STRONG ROOFS

# 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: _____

_____

Primer Used? ☐ Product No. 297X ☐ Product No. 295G ☐ Product No. 650 ☐ Product No. 670

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 orders@rubberized.com.

If you have any questions, please feel free to contact us at (602) 374-3742.