



Warranty Request Form

(To be completed by **Applicator**)

Please print requested information clearly or use Adobe (pdf) typewriter tool

COMPLETE IN FULL

1. Project Information

Project Name: _____

Street Address: _____

City/State/Zip: _____

Date of Installation Completion: _____

Square Footage: _____

Name of Miracote Sales Representative: _____

Term of Warranty (1 to 10 years - attach copy of applicable contract specification): _____ (One Year Material is default)

Type of Warranty (check one): Optional Renewable/Extendable Warranty is denoted by (+)

Standard Material

Standard Material (+)

Project Description: _____

Miracote Products/System Used:

Quantity of Material Installed

A. _____

B. _____

C. _____

D. _____

2. The Complete Name and Address of Architect or Engineer

Firm: _____

Street Address: _____

City/State/Zip: _____

Contact Person: _____

Telephone: _____

3. The Complete Name and Address of Owner

Owner: _____

Street Address: _____

City/State/Zip: _____

Contact Person: _____ Telephone: _____

Mail hard copy to:
Or E-Mail copy to:

Miracote Division: Crossfield Products Corp. 845 Bear Cabin Drive, Forest Hill, MD 21050
georger@cpcmail.net



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4. The Complete Name and Address of General Contractor (if applicable)

General Contractor: _____

Street Address: _____

City/State/Zip: _____

Job Superintendent: _____

Telephone: _____

5. The Complete Name and Address of Applicator/Installer

Applicator/Installer: _____

Street Address: _____

City/State/Zip: _____

Job Superintendent: _____

Telephone: _____

6. The Complete Name and Address of Distributor

Miracote Distributor: _____

Street Address: _____

City/State/Zip: _____

Sales Contact: _____

Telephone: _____

7. Special Notes or Request

SIGNED _____ COMPANY _____

TYPE NAME/TITLE _____ DATE _____
