



WARRANTY APPLICATION

Type of Warranty:	<input type="checkbox"/> 35 Year Kynar 500/Hylar 5000 Finish
	<input type="checkbox"/> 30 Year Silicone-Modified Polyester Finish
	<input type="checkbox"/> 25 Year Galvalume Substrate
	<input type="checkbox"/> 20 Year Watertightness (Installer Pre-Approval Only)*

Project Name:	Installer:
Address:	Address:
City:	City:
State: Zip:	State: Zip: Phone:

Owner Name:	
Address:	
City:	
State:	Zip:

Metal Panel Systems Invoice Number:
Panel System:
Color:
Roof Completion Date:

* Watertight warranties must meet the following criteria: 1) Project must be pre-approved by Metal Panel Systems prior to installation. 2) Applicator must be pre-approved by Metal Panel Systems prior to installation. 3) Watertight warranties do not apply to residential applications.

With the contractors signature below you are acknowledging that all information contained on this application is current and accurate.

Signature: _____ Company Name: _____ Date: _____