

SIKA CORPORATION
Request For Warranty Intent Letter

All information must be completed or form will be returned

Warranty ID # _____ Sales Rep _____ Fax _____

Type of Warranty: **Material** _____ **Project / System:** _____ **Standard Material** _____

1. Project Name: _____
Location: _____
City: _____ State: _____ Zip Code: _____

2. Owner: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Phone: _____ Fax: _____

3. Architect
/ Engineer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Phone: _____ Fax: _____

4. General Contractor
(If Appropriate): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Phone: _____ Fax: _____

5. Applicator: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Phone: _____ Fax: _____

6. Distributor
(If appropriate): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Phone: _____ Fax: _____

Products to be Used

Estimated Quantity

Substrate Area
(Square Footage required for coatings)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Estimated Total Sika Product Value: _____

Expected Start Date: _____

Expected Completion Date: _____

Warranty Term: _____ Years

Specifications/Brief Description of Project: (Must be completed or form will be returned)

Photos Taken Submitted

Sales Representatives Signature Date: _____

Technical Service Signature Date: _____

Regional Sales Manager Signature Date: _____
(For Labor Inclusion Only)