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POMONA, CA / GOODYEAR, AZ / MILTON, ONT.

MEL-ROL WARRANTY APPLICATION FORM

NAME OF BUILDING: _____

LOCATION OF BUILDING: _____ (state) _____ (city) _____ (state)

TYPE OF FACILITY (i.e. bank, store, school, etc.): _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ (street) _____ (city) _____ (state)

DATE OF MEL-ROL INSTALLATION COMPLETION: _____

LEGAL NAME OF CONTRACTOR: _____

ADDRESS OF CONTRACTOR: _____ (street) _____ (city) _____ (state)

SOLD THROUGH (distributor): _____

MEADOWS INVOICE # & SHIP DATE: _____

OF YEARS REQUESTED FOR WARRANTY: _____ (5 or less years)

SQUARE FOOTAGE: vertical _____ horizontal _____ total _____

BRANDS SPECIFIED: _____

PRICE OF SF TO DISTRIBUTOR: _____ IF DISCOUNTED, _____ % BELOW BOOK

COMPETITIVE PRODUCTS/MFR'S SEEKING JOB: _____

IS WARRANTY REQUESTED IN SPECS: _____ YES _____ NO (if yes, attach copy.)

DESCRIPTION OF INSTALLATION:

A. New or Rehab Construction

B. Highway Commercial Industrial Institutional

C. Below grade Between slab Tunnel

Bridge deck Other _____

D. Type of protection course, if known: _____

E. List any unusual circumstances: _____

CONTRACTOR INFORMATION:

TYPE OF CONTRACTOR:

General Roofing Waterproofing
Other Flat Work

MEADOWS PERSON COMPLETING FORM _____ DATE _____

ACCEPTANCE: _____ SALES DIRECTOR _____ CONTROLLER _____ CHAIRMAN