

## Warranty Application Form

For use in Canada & USA only. For other international countries, please contact your local Xypex distributor.

**\*\*\* Please Type This Information \*\*\***

Project Name	
Address	
Type of Project (e.g. elevator pit)	
Size of Project (e.g. sq.ft / cu.yd)	

Owner's Name	
Address	

Select One	<input type="checkbox"/> Architect	<input type="checkbox"/> Engineer	<input type="checkbox"/> Applicator
Name			
Address			

Date of Substantial Completion (M/D/Y)	
Date of Application (M/D/Y)	
Xypex Products Used	
Quantities Used (specify packaging)	
Xypex Products Supplied By	
Length of Warranty Requested (5 years max.)	
Warranty To Be Sent By	Email (PDF) to:
	Mail Hardcopy to:
Number of Originals Required	