

File N°:

PROJECT INFORMATIONS :

Name of the project : _____

Street : _____

City : _____ Province _____

Postal Code : _____

Phone: _____

OWNER :

Name: _____

Company (Optional) : _____

Street: _____

City: _____ Province _____

Postal Code: _____

Phone : _____

Email : _____

AUTHORIZED ROOFING CONTRACTOR

Company: _____

Name of the responsible: _____

Street: _____

City: _____

Postal Code: _____

Phone : _____

Email : _____

Fransyl Representative : _____

AUTHORIZED GENERAL CONTRACTOR

Company : _____

Name of the responsible : _____

Street: _____

City: _____ Province _____

Postal Code: _____

Phone : _____

Email : _____

Fransyl Representative : _____

MASTER SPECIFICATIONS AUTHOR (If applicable)

Company : _____

Name of the author : _____

Street: _____

City: _____ Province _____

Postal Code: _____

Phone : _____

Email : _____

Fransyl Representative : _____

Asked by : _____

Title : _____

LIFETIME WARRANTY REQUEST DETAILS

Roof area : _____

Beginning of the project : _____ (M/D/Y)

Building Height: _____

End of the project : _____ (M/D/Y)

Number of floor : _____

ROOF TYPE :

New Roof

Complete Refection

TYPE OF BUILDING:

Commercial: Sports Center WITHOUT Swimming Pool

Sports Center WITH Swimming Pool

Other

Industrial: Cold-Storage Warehouses

Other

Institutionnal: School

Hospital

Other

Residential:

INSULATION TYPE :

NAME OF THE PRODUCT: _____

TYPE :

HR (type I) THR (type II) HD (type II HD) THD (type III THD)

COMMENT : _____

Fransyl Limited will guarantee the new construction and/or the complete repairs of this project if and only if the roofing contractor and the general contractor is authorized by Fransyl Ltd. The warranty of request must be submit for approval within sixty (60) days following the end of the project.

Every single warranty will be issue based on the information obtained through this form.

I read, understood and accept the terms and the conditions of the present warranty request.

Signature

Title

Date

Please return this document completed by email to Iricard@fransyl.com or by fax 450 477.4576 to the attention of Lorraine Ricard.