



WARRANTY REGISTRATION FORM

Residential

Agricultural

Commercial

Contact Information

Property Owner(s) Name: _____

Installation Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Installed by: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

If Contractor, CCB#: _____

Product Information

Product purchased:

- PBR
- Tuf-Rib
- 1" Snap-Lock
- 1-7/8" Clip-Lock

Type of Coating:

- SMP paint (XT-40)
- PVDF paint (Durapon70)
- Galvalume® (AZ-55)

Color (if painted): _____

Installation Completion Date: ____ / ____ / ____

Legacy Metalworks Invoice #: _____

Your warranty card will be mailed to the mailing address above. To have it mailed to a different address, and/or emailed to you, fill out the information below.

Mail to: _____

Email to: _____

For Legacy Metalworks office use:

Customer name: _____

Date of final payment: ____ / ____ / ____

Sales Order #: _____

Warranty Issue Date: ____ / ____ / ____

Invoice #: _____

Warranty #: _____