



ROOFGUARD Product Guarantee Application

Duration of Product Guarantee: 5 year ___
10 year ___
15 year ___
20 year ___

PROJECT INFORMATION:

Project Name: _____

Project Address: _____

Street City State Zip

Function of Building(s): _____

Materials Used					
Quantity					
Date Purchased					
Copies of Invoices					

Total Dry Film Thickness Required: _____ Actual DFT Achieved: _____

Start Date: _____ Completion Date: _____

Slope: _____

Material Supplier: _____

Name Contact Name

Street Address City State Zip

Phone: _____ Fax: _____ E Mail: _____

Project Square Footage: _____

Existing Deck/Roofing System: _____

Building Information: Company Name _____

Direct Correspondence to: _____ Title: _____

Address: _____

Street City State Zip

Owner/Contact Phone: _____ Fax: _____ E Mail: _____



ROOFGUARD Product Guarantee Application

Specifier:

Name: _____

Address: _____
Street City State Zip

Phone: _____ Fax: _____ E Mail: _____

Approved Applicator:

Company Name: _____

Address: _____
Street City State Zip

Phone: _____ Fax: _____ E Mail: _____

License: _____

Project Manager: _____

General Contractor: _____

Address: _____
Street City State Zip

Phone: _____ Fax: _____ E Mail: _____

I hereby certify that the above information is correct and that this coating product guarantee application is in accordance with TRESKO'S current published application instructions as stated. I agree to the terms and conditions of TRESKO'S Limited Product Guarantee which may be issued after review of this Product Guarantee Request Form.

Approved Contractor

(Signature) Date: _____

Printed Name