



WARRANTY REQUEST FORM

Complete the following form with all requested information to expedite the processing of this Warranty Request Form. Warranty request forms must be submitted within five (5) days of substantial completion. Official warranty documents will be executed and forwarded to you within ten (10) business days from the date of receipt in the corporate office.

Project Name: _____

Project Site Address: _____
(Street Address, City, State, Zip)

Total Square Footage: _____

Facility Owner Company Name: _____

Facility Owner Contact Name/Phone: _____ / _____

Facility Owner Billing Address: _____
(Street Address, City, State, Zip)

Facility Owner Mailing Address: _____
(Street Address, City, State, Zip)

Installing Applicator Company Name: _____

Installing Applicator Contact Name/Phone: _____ / _____

General Contractor Company Name: _____

General Contractor Contact Name/Phone: _____ / _____

Architect/Engineer Company Name: _____

Architect/Engineer Contact Name/Phone: _____ / _____

Installation Start Date: _____

Substantial Completion Date: _____

Product(s)/Systems(s) Installed: _____

Application Area(s): _____

Warranty Requested: 5 YR Material 10 YR Material

A completed Warranty Request Form must be filled out for EACH warranty request. All warranties conform to the manufacturer's standard terms and conditions of sale. Should you have any questions about MER-KO standard warranties or available warranty extensions, please contact the MER-KO Corporate Office or your local MER-KO Representative. Questions about this form or the information requested herein should be directed to:

Christie Moore
Parex USA, Inc.
1870 Stone Mountain-Lithonia Road
Lithonia, GA 30058

Phone: (770) 482-7872
Fax: (770) 482-6878
Email: Christie.Moore@parexusa.com

All completed Warranty Request Forms should be emailed, mailed or faxed to the address noted above.

MER-KO
A Parex USA, Inc. Brand

Date Received

Warranty No.

Date Issued