



WARRANTY REQUEST

Customer Name: _____

Customer Address: _____

(who purchased matl from JMM) _____

Date Metals Delivered: _____

JM Metals Invoice# : _____ Customer PO# _____

Installer/Contractor: _____

Building Owners Name: _____

Owner's Address: _____

(Owner's name/address on tax Roll)

Project Name (If Applicable): _____

Project Address: _____

(If different from owner's)

Metal Type: Galvalume (unpainted) _____

(Write in color if any)

Siliconized Polyester _____

Fluropon (Kynar) _____

Comments: _____

NOTE: All warranties will be mailed directly to the Distributor (unless otherwise requested), to be forwarded at the Distributor's discretion. There will only be one original issued; copies will be kept on file and may be requested at any time. Thank you

IMPORTANT!!

PRIOR TO SENDING COMPLETED FORM TO JM METALS, THE CONTRACTOR & THE DISTRIBUTOR (if applicable) MUST SIGN-OFF THAT THE ABOVE INFORMATION IS ACCURATE & HAS BEEN VERIFIED. ONCE WE RECEIVE THIS SIGNED-OFF FORM, PLEASE ALLOW 14 CALENDAR DAYS FOR WARRANTY TO BE PROCESSED AND ISSUED.

_____ Contractor's Initials _____ Distributor's Initials

JMMETALS

1505 Cox Road, Cocoa, Florida 32926

Call (312) 639-1537. info@jmmetals.com . Visit www.jmmetals.com