

PRE-REGISTRATION FORM INSTRUCTIONS Extended Material Warranty

- In order to register your project for an Extended Material Warranty, please read and complete Polyguard's Pre-Registration Form.
- A copy of the specification is required and shall accompany the completed form. Please copy or scan all relevant portions of the specification and attach or include with your Pre-Registration submission.
- To save a copy of your completed form to a desired location, select the "Save" icon at the bottom of the last page.
- To print a copy of your completed form to a desired location, select the "Print" icon at the bottom of the last page.
- Submit the completed form along with a copy of the project specification by email.
 - ➤ To save and email upon completing the application, select the "Save/Email" icon at the bottom of the last page.
 - > Email: archtech@polyguard.com
- A Polyguard Technical Services Representative may contact you for further additional information if needed.
- Please allow Polyguard 24 to 48 hours to have one of our Technical Staff members review your form. We will contact you regarding the status of your registration via email.
- Approved pre-registrations will be assigned a number and sent via email unless an alternate method is requested.
- You may contact our Architectural Technical Services Department with any questions at archtech@polyguard.com or 214-515-5000.







Date (mm/dd/yyyy)

Pre-Registration # (Assigned by Polyguard)

Polyguard Extended Material Warranty Pre-Registration Form
In order to register your project for an Extended Material Warranty,
please read and complete the following information

Project Name		Property Addres			
Project Name		Property Addres	5		
City		State	Zip		
hitect: please complete <u>all</u> of	the following information				
Contact Person		Email Address			
Architect Firm Name		Mailing Address			
City		State	Zip	Phone	
eral Contractor: please co	mplete <u>all</u> of the following in	formation			
Contact Person		Email Address			
GC Firm Name		Mailing Address			
City		State	Zip	Phone	
aller: please complete <u>all</u> of th	e following information				
Contact Person		Email Address			
Installer Firm Name		Mailing Address			
City		State	Zip	Phone	
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ected starting date of proje	€CT:				
on completing this form: ρ	lease complete <u>all</u> of the fol	lowing information			
	lame		Company		
Name					
Name	Phone	Email Address			
	Phone	Email Address			

Warranty Pre-Registering For

/www) board MUST be Polyguard brand		
/www) board MUST be Polyguard brand.		
board MUST be Polyguard brand.		
installed:		
Sq. Ft.		

