



WARRANTY REQUEST FORM

For Office Use Only	
<input type="checkbox"/> Job posted in Mas	<input type="checkbox"/> Notes in Mas
<input type="checkbox"/> Invoice & drum #'s match	<input type="checkbox"/> Invoice paid
<input type="checkbox"/> Tech. Field Rep. Authorized	_____ Sq. ft. per gallon
<input type="checkbox"/> 5-Year labor warranty received from Non-Corporate Applicator	
-OR-	
<input type="checkbox"/> Corporate Applicator Application on file	

Please complete all of the information requested below prior to submitting to Curecrete Distribution, Inc. or the Technical Field Representative.

Technical Field Representative: _____ Date Request Submitted: _____
Request Submitted By: _____ Date Floor to be Warranted: _____

Corporate Account

Domestic Project

PROJECT INFORMATION

Name of Project/ Building:		
Exact Project Address:		
<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
Owner of Building (i.e. Wal-Mart Stores, Inc.):		
Building use (i.e. Manufacturing, Retail):		Industry (i.e. Cars, General Merchandise):
Curecrete Invoice #:	Square Footage:	
Drum Numbers:		
General Contractor:		Sub Contractor:

APPLICATION INFORMATION

Applicator Company Name:		Owner:
Address:		
<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
Applicator Fax Number:	Phone Number:	
Environmental Conditions During Concrete Pour (i.e. enclosed building):		
Weather Conditions During Ashford Application:		
Ashford: Used as Cure <input type="checkbox"/> YES <input type="checkbox"/> NO	Applied to Concrete <input type="checkbox"/> On existing floor <input type="checkbox"/> At time of placement	Hrs after placement
Initial Application Date:		Final Application Date:

SEND ORIGINAL WARRANTY TO:

The Technical Field Representative & the Applicator will receive one faxed copy of the warranty & one original warranty. The Technical Field Representative will then present an original warranty to the store/facility manager with a copy of our maintenance program.

General Contractor <input type="checkbox"/> MAIL <input type="checkbox"/> FAX#	Contact Name:
Address:	City: State: Zip Code:
Sub Contractor <input type="checkbox"/> MAIL <input type="checkbox"/> FAX#	Contact Name:
Address:	City: State: Zip Code:

JOB SITE REPORT & FINAL INSPECTION BY TECHNICAL FIELD REPRESENTATIVE

The signature below verifies that the information contained on this request is accurate & that the floor has been inspected/approved.

Please indicated if you were present at the following meetings and the dates of each meeting

Pre-Construction Meeting: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Initial Application: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Final Application: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date		
Is Floor Hard: <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Water Bead: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Floor Dusting: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Floor Developing a Shine: <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Floor Polish when Sanded: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Technical Field Representative Signature:		Date of Inspection:	

CORPORATE ACCOUNT PROJECTS

Is the Applicator certified by Curecrete Distribution, Inc. as a Corporate Account Applicator: Yes No (see next comment)
If NO - The Applicator will provided Curecrete with a 5-year labor warranty, on their company letterhead, for the above project.

COMMENTS/ ADDITIONAL INSTRUCTIONS

Please submit all warranty requests by fax or e-mail to Linda: FAX: 801.489-3307 E-MAIL: LINDA.BECKMAN@ASHFORDFORMULA.COM