

Residential Application

Commercial Application

Agricultural Application

Please check one

We would like to thank you for choosing Taylor Metal Products as the supplier for your project. We trust you will get many years of enjoyment from your selection.

In order to effectively honor our Limited Warranty to you and continue to improve the services we provide we ask you to complete, in full, the following information.

Once we have received both your completed Warranty Registration Card and full payment for your project, we will send to you by mail your Taylor Metal's Registered Warranty, complete with registration number. You should keep this Registered Warranty in a safe place for future reference.

Please mail completed form to:

ATTN: Limited Warranty Registration, Taylor Metal Products, 4566 Ridge Drive NE, Salem, OR 97301

Property Owner(s) Name: _____

Location of installation: _____

Address: _____

City: _____

State: _____ ZIP code: _____

Phone number: _____

Product purchased: _____

Mailing Address, if different from above:

Location of installation: _____

Address: _____

City: _____

State: _____ ZIP code: _____

Phone number: _____

Type of Warranty:

Armor Tech™

KYNAR 500®

Unpainted Zincalume/Galvalume

Alumiguard

Marine Guard

Other: _____

Installation completed by:

Company name: _____

Address: _____

City: _____

State: _____ ZIP code: _____

Phone number: _____

If contractor, CCB# _____

Color: _____

Date of completed installation: _____

Taylor Metal invoice number: _____

FOR OFFICE USE

Sold to: _____

Date final payment recieved: _____

Work order number: _____

Date warranty number issued: _____

Invoice number: _____

Registered warranty number: _____