

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 that you complete, in full, the following information.

Once we have received both your completed Warranty Registration Card and full payment for your project, we will mail you your Taylor Metal Products Registered Warranty, complete with registration number. Please 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: _____

First Owner

Second Owner

Date of Warranty Transfer: _____

Location of installation: _____

Address: _____

City: _____

State: _____ ZIP Code: _____

Phone number: _____

Mailing Address, if different from above:

Location of installation: _____

Address: _____

City: _____

State: _____ ZIP Code: _____

Phone number: _____

Installation completed by:

Company name: _____

Address: _____

City: _____

State: _____ ZIP Code: _____

Phone number: _____

If contractor, CCB# _____

Product purchased:

Type of Warranty:

ArmorTech™

KYNAR 500® (if commercial - check a box)

10 years 20 year 30 year Other

Unpainted Zincolume/Galvalume – 25 yr.

Alumiguard

Marine Guard

Other: _____

Color: _____

Date of completed installation: _____

Taylor Metal invoice number: _____

How would you like this sent?

E-mail

Mail to: _____

Both

FOR OFFICE USE

Sold to: _____

Work order number: _____

Invoice number: _____

Date final payment received: _____

Date warranty number issued: _____

Registered warranty number: _____