

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

Email Warranty Registration to: [warrantyregistration@taylormetal.com](mailto:warrantyregistration@taylormetal.com)

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 Zincalume/Galvalume – 25 yr.

Alumiguard

Marine Guard

Weathertightness

5 years    10 year    15 year

Other: \_\_\_\_\_

Color: \_\_\_\_\_

Date of completed installation: \_\_\_\_\_

Taylor Metal invoice numbers: (REQUIRED) \_\_\_\_\_

How would you like this sent?

E-mail \_\_\_\_\_

Mail to: \_\_\_\_\_

FOR OFFICE USE

Sold to: \_\_\_\_\_

Date final payment received: \_\_\_\_\_

Work order number: \_\_\_\_\_

Date warranty number issued: \_\_\_\_\_

Invoice number: \_\_\_\_\_

Registered warranty number: \_\_\_\_\_