



www.rollfabmetal.com

**APPLICATION FOR WTW WARRANTY**

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Building Name (the "Building"): \_\_\_\_\_

Building Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Building Phone Number: \_\_\_\_\_ Building Use: \_\_\_\_\_

Date Installed: \_\_\_\_\_ Date Completed: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Installer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Architect: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Rollfab Invoice/Tag Numbers: \_\_\_\_\_

Roofing Square Footage: \_\_\_\_\_ Roof Pitch: \_\_\_\_\_

Applied Panel system: \_\_\_\_\_ Panel Gage: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

(Please Print)

Warranty Type: \_\_\_\_\_ True Shield \_\_\_\_\_ Copper Shield  
\_\_\_\_\_ Silver Shield \_\_\_\_\_ Gold Shield

**NOTE: FINAL WARRANTY WILL NOT BE ISSUED UNTIL ALL INVOICES HAVE BEEN PAID IN FULL.**