



**APPLICATION FOR FINAL STANDARD WARRANTY**

(This form must only be filled out and applied for by the direct purchaser of the products of BALCO.)

Date: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Customer Contact/Phone: \_\_\_\_\_ Sales Order # \_\_\_\_\_  
Project: \_\_\_\_\_ or Invoice # \_\_\_\_\_  
Project Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

\*\*\*\*\*

Balco Standard Warranty Period is listed below and begins on provided SCD or shipment date:

\*Excludes Tape products

IllumiTread™ Products*	5 Years	Expansion Joint Covers	5 Years
Mats & Grids	2 Years	Trench Covers	5 Years
Stair Nosings	5 Years	Fire Barrier	5 Years
All Other Products Not Listed	1 Year	SAS 90	5 Years

\*\*\*\*\*

**REQUEST FOR WARRANTIES:** Please provide all info requested as this is needed to furnish your closeouts correctly. We do not extend open ended closeouts, please note this is a **Final Warranty**. Substantial Completion Date: \_\_\_\_\_. If date is not made available Balco will use the last date that material was shipped to the job. IllumiTread™ Product warranties use the date of shipment only.

Required to be notarized? \_\_\_ Yes \_\_\_ No  
How many notarized copies needed? \_\_\_\_\_

Job name as you want it to appear on the warranty, if different than above.

\_\_\_\_\_  
Other Close Out Documents Required: \_\_\_ Operation & Maintenance  
\_\_\_ Other \_\_\_\_\_

Description

Email Address: \_\_\_\_\_  
**OR:**  
Mail to whose attention: \_\_\_\_\_  
At what address: \_\_\_\_\_

**Warranty is null & void if payment is not received within 90 days of shipment.**

Please email application to your local rep. If unsure of who your local rep is, you can locate our rep finder on our website at [balcousa.com/rep-finder/](http://balcousa.com/rep-finder/) or call our main office at 316.945.9328. For warranties needing notarized, please allow additional time for processing.