

APPLICATION FOR WARRANTY FOR CERTIFIED INSTALLERS

Date:

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

Customer Contact/Phone:	Project Owner:
Project:	Sales Order #:
Project Address:	or Invoice #:
City/State/Zip:	Certified Installer:
***********	***********
Balco Standard Warranty – 5-Year	naterial warranty which begins on supplied SCD or shipment date:
	Up to 5 Year Expansion Joint Warranty or PL Stair Nosings if called for in specifications (and tified Installer Training (3-Year term from training before recertification). All other BALCO Warranty Periods.
NOTE: Warranties are limited to Ma	nufacturer's recommended performance criteria.
REQUEST FOR WARRANTIES: P	ease furnish answers to the following questions for the close outs to be done correctly.
Substantial Completion Date:	If date is not made available Balco will use the last date that material was shipped
to the job, as this is a final warranty	
Required to be notarized?Ye	No
How many copies?	
Job name as you want it to appear	n the warranty, if different than above.
Other Close Out Documents Requir Other	ed: Operation & Maintenance
	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 Steve Cooper at steve.cooper@balcousa.com. If you have any questions or need any further information, please email, or call Steve at 470.409.3112.