ALPOLIC Materials Warranty Request Form

Items **Bolded in Red and / or marked** ** are required information. If not provided, ALPOLIC Materials will not be able to proceed with processing your warranty request until all required information is received.

Please send completed form to ALPOLIC Materials - CustomerService@ALPOLIC.com

**All warranties are electronic ONLY and will be returned via email**

Email address(es):

**Does the panel have exposed edges and/or perforations?**
☐ Yes  ☐ No

**Is the project located within 1500 feet of a body of salt water?**
☐ Yes  ☐ No

Select Warranties Needed**

☐ Panel – Maximum panel warranty is 10 years

[________] Number of years – if less than 10

Finish Warranties (LT material on a project review basis)

No finish warranty available on Copper, Stainless, Titanium or Zinc as there is no finish applied and the metal will age in accordance with the environment and the metal’s characteristics.

No finish warranty available for polyester finishes.

No warranty available on break metal.

Coated Finish Warranties

☐ 10 yr (2mm-3mm-4mm-6mm)  ☐ 20 yr (4mm and 6mm)  ☐ other (less than 20) [____] number of years

Other Finish Warranties

☐ 10 yr HLZ  ☐ 5 yr HPA  ☐ 5 yr Anodized

**REQUIRED

Color / SqFt

**Commencement date of warranty__________________

**ALPOLIC Materials Invoice Number(s) or your Purchase Order Number(s) ____________________

Please note – Warranties will be sent upon receipt of payment of all applicable invoices
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**To whom the warranties should be made out**
(Company or Job)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Complete physical location of job**
(Include project name, complete address of where panels are installed:
street, city, state, a zip / postal code required)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Circle All that Apply – an application must be referenced

Accents – Canopies – Fascia - Entrance Way – Soffits - Walls

* If other, please specify: ____________________________________________

Types of attachments used: ____________________________________________

LEED Certification
☐ No    ☐ Yes
☐ Platinum
☐ Gold
☐ Silver
☐ Certified

Project Architect/Owner: ______________________ Phone:________________________

Address:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

email address:__________________________________________________________________

Please send completed form to ALPOLIC Materials  - CustomerService@ALPOLIC.com
Fax – 757 436 1896