

This form is applicable to both Alfrex Finish and Bond Integrity Warranty requests. Both warranties may be requested utilizing one warranty application. Please complete all information fields below and submit this form to Alfrex using our contact information below. Warranty applications cannot be reviewed unless completed in full.

**Mail In:**  
Alfrex, Inc.  
943 Gainesville Hwy.  
Bldg 100-4000  
Buford, GA 30518 USA

**Email:**  
contact@alfrexusa.com

#### Important Notes:

- Warranty applications will be evaluated based upon the product type, coating finish, project location, and other factors that may affect product performance.
- Upon acceptance, an Alfrex validated warranty will be generated and transmitted.
- No warranties shall be applicable or binding until executed by an authorized Alfrex employee and transmitted to the applicant, project owner or warranty assignee.
- By submitting the warranty application form, you consent to allow Alfrex, Inc. to collect your contact information
- Warranties are available for Alfrex ACM FR and Alfrex Plate only and not applicable to coated sheet metal.
- Sample warranties are available for download and review on our website, [alfrexusa.com](http://alfrexusa.com) and are for reference purposes only.

# WARRANTY APPLICATION FORM



Fire Resistant & Non-Combustible Cladding

## WARRANTY APPLICATION INFORMATION

Applicant Name		Applicant Email	
Applicant Company		Applicant Phone	

## WARRANTY TYPE

Coated Finish Warranty	<input type="radio"/> 30 Year	Bond Integrity Warranty	<input type="radio"/> 10 Year
	<input type="radio"/> 20 Year		<input type="radio"/> 5 Year
	<input type="radio"/> 10 Year		<input type="radio"/> N/A
	<input type="radio"/> 5 Year Anodized		
	<input type="radio"/> N/A		
Company Name		Primary Contact Name	
Company Address Line 1		Address Line 2	
City		State / Province	
Zip / Postal Code		Country	
Contact Phone Number		Contact Email	

## PROJECT OWNER - WARRANTY ASSIGNEE

Project Owner - Warranty Assignee Name	
Email	

## PROJECT INFORMATION

Project Name			
Project Address Line 1		Project Address Line 2	
City		State / Province	
Zip / Postal Code		Country	

# WARRANTY APPLICATION FORM



Fire Resistant & Non-Combustible Cladding

## PROJECT DETAILS

Date of Substantial Completion

## PRODUCT DETAILS

Alfred Inc. Sales Order or Invoice Number

Type of Alfred Product	<input type="radio"/> Alfred ACM FR	<input type="radio"/> Alfred Plate
Color Finish Name		
Type of Alfred Product	<input type="radio"/> Alfred ACM FR	<input type="radio"/> Alfred Plate
Color Finish Name		
Type of Alfred Product	<input type="radio"/> Alfred ACM FR	<input type="radio"/> Alfred Plate
Color Finish Name		
Type of Alfred Product	<input type="radio"/> Alfred ACM FR	<input type="radio"/> Alfred Plate
Color Finish Name		
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Color Finish Name		
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Color Finish Name		
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Color Finish Name		