



BERRIDGE PAINT FINISH WARRANTY REQUEST FORM

Send completed forms to: Fax: (210) 650-0379 or Email: bmcfinishwarranty@berridge.com

IMPORTANT! All requests for warranties must be in writing and must include ALL the following information on the job for which the warranty is requested. Incomplete request forms cannot be processed and will be returned to the customer. No warranty of ANY kind will be issued until all Berridge Manufacturing Company invoices pertaining to the material work order(s) for the pertinent job are completed and paid in full. No warranty will be issued unless requested by the Berridge Customer within one year of the invoice date.

Name of person to direct questions to and to send warranty attention to: _____

Project completion date: _____

Number of warranty copies requested: _____

PLEASE TYPE OR PRINT CLEARLY!!!

Berridge Work Order No., Invoice No. & Invoice Date:	Color or Colors	Berridge Product or System	No.of Squares:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Required BERRIDGE CUSTOMER**

Company: _____

Address: _____

City, State & Zip: _____

***Required BUILDING OWNER**

Company: _____

Address: _____

City, State & Zip: _____

***Required JOB NAME & PHYSICAL ADDRESS**

Company: _____

Address: _____

City, State & Zip: _____

***Required PROJECT ARCHITECT**

Company: _____

Address: _____

City, State & Zip: _____

The policy of Berridge Manufacturing Company is to send the Original Warranty to the Berridge Customer to whom the material was originally sold (as shown above). If the Original Warranty is to be mailed to someone other than the customer Berridge sold to, please supply Berridge with that information.

OTHER PARTY TO SEND WARRANTY TO

(If this section is filled out, finish warranty will **NOT** be sent to Berridge Customer.)

Company: _____

Address: _____

City, State & Zip: _____