



## BERRIDGE MANUFACTURING COMPANY

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# QUALIFICATION LETTER REQUEST FORM

To request a qualification letter from Berridge Manufacturing, please fill out this form completely and return a copy to the Architecture Department by email at [bmcarchitect@berridge.com](mailto:bmcarchitect@berridge.com) or by fax at **(713) 236-9422**.

### INSTALLER INFORMATION

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you a Berridge Licensee?  Yes  No

### PROJECT INFORMATION

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Panel Style/Profile: \_\_\_\_\_

Does this project have a Watertightness Warranty?  Yes  No