



DREXEL METALS CORPORATION

204 Railroad Drive - Ivyland, PA 18974 - Phone (215) 396-4470 toll free (888) 321-9630 - fax (877)-321-9638 - www.drexmet.com

## Warranty Application

*All requests for Warranties must be in writing.*

Type of Warranty Requested:

**Substrate:** \_\_\_\_\_

**Kynar 500 Finish Color:** \_\_\_\_\_

**Drexel Metals Invoice # :** \_\_\_\_\_

**Drexel Metals Quote # :** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Job Name and Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Company :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*All Warranties will be sent to the original Drexel customer filing the application and to whom the product is sold. In no case will the warranty be issued until all invoices pertaining to the above listed job is paid in full. All warranty applications must be accompanied by a completed Drexel Job Information Sheet .*

Please Send application to the above address, attention: Drexmet Warranty Department or fax to 877-321-9638





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# Job Information Sheet

**Customer Information:** \_\_\_\_\_  
address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Customer PO #** \_\_\_\_\_

**DMC Quote #** \_\_\_\_\_

**Salesperson** \_\_\_\_\_

**Drexel Invoice # :** \_\_\_\_\_

**New Construction** \_\_\_\_\_ **Remodel** \_\_\_\_\_

**Job Name:** \_\_\_\_\_

address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Building Description**

*Commercial* \_\_\_\_\_

*Municipal* \_\_\_\_\_

*Church* \_\_\_\_\_

*Residential* \_\_\_\_\_

*Government* \_\_\_\_\_

*School* \_\_\_\_\_

*Other* \_\_\_\_\_

**Store Number:** \_\_\_\_\_

**Contract Number:** \_\_\_\_\_

**Public:** \_\_\_\_\_ **Private:** \_\_\_\_\_

**Bond Information**

**General Contractor:** \_\_\_\_\_

address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bond #:** \_\_\_\_\_

**issued by:** \_\_\_\_\_

G.C. \_\_\_\_\_ Sub \_\_\_\_\_

Owner \_\_\_\_\_

**Building Owner:** \_\_\_\_\_

address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Surety:** \_\_\_\_\_

**Installer:** \_\_\_\_\_

address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**gauge** \_\_\_\_\_ **width** \_\_\_\_\_

**color** \_\_\_\_\_

**Date of completion:** \_\_\_\_\_

**Total Order Value \$:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

Please send along with our Warranty Application to - Drexmet Warranty Department or fax to 877-321-9638