



MODULAR WARRANTY APPLICATION

Job # (Office use only): _____

PART 1. PROJECT INFORMATION

BUILDER:	_____	_____	Tel	_____	Postal Code/Zip
Address	_____	City	Prov/State	_____	_____
PROJECT NAME:	_____	_____	Tel	_____	Postal Code/Zip
Address	_____	City	Prov/State	_____	_____
OWNER:	_____	_____	Tel	_____	Postal Code/Zip
Address	_____	City	Prov/State	_____	_____
SPECIFIER:	_____	_____	Tel	_____	Postal Code/Zip
Address	_____	City	Prov/State	_____	_____
SITE INSTALLER:	_____	_____	Tel	_____	Postal Code/Zip
Address	_____	City	Prov/State	_____	_____

List the following:

Please Select Membrane *proSeal* Modular C3 *proSeal* Modular MFB *proSeal* Safety Walkway EPDM

Unit Serial Number	Date of Mfg	Unit Serial Number	Date of Mfg	Unit Serial Number	Date of Mfg

Submitted By: _____ Date: _____
 (please print)
 Signature _____

No one, including but not limited to, the modular Manufacturer/Dealer and / or the sales representative of the proSeal Modular Roofing Systems has authority to make any representation or promises except as stated in the proSeal modular warranty program.

Office Use Only:
 Warranty Number _____ Date Issue _____
 Reviewed By: _____ Warranty expire Date: _____
 Signature: _____

Please submit to:
 RPW Associates, Inc
 Mail: PO Box 35 Stn Main Milton On Canada L9T 3L5
 Fax: 905-875-1108 / 800-416-8059
 Email: info@prosealroofing.ca