



Joint Manufacturer/Installer Guarantee Request Form Crossfield Products Corp.

Please supply the following information to expedite the processing of your request. Guarantees will be created, signed, and emailed to you as soon as possible.

COMPANY NAME:

CONTACT PERSON:

PHONE NUMBER:

EMAIL ADDRESS:

DESCRIPTION OF DEX-O-TEX SYSTEM USED:

APPLICATION SPECIFICATION FILE CODE #:

NAME OF PROJECT:

JOB SITE ADDRESS:

LOCATION OF INSTALLATION AT JOB SITE:

OWNER'S NAME:

OWNER'S MAILING ADDRESS:

TOTAL SQUARE FOOTAGE:

TERM OF GUARANTEE:

PURCHASE OR SALES ORDER #:

DATED:

DATE INSTALLATION WAS/WILL BE COMPLETED:

NOTES/REQUESTS:

IMPORTANT:

Please fill out a form for **EACH** project joint guarantee requested. All guarantees will conform to the manufacturer's standard terms and conditions. Should you have any questions about Crossfield's **Joint Guarantee** requirements, or **Extended** Joint Guarantee requirements, please contact your sales representative. If you should have questions about this form, or the information requested therein, please email or call Jodi Hood (310) 886-9100 x223. Please email in pdf or Word format this completed form along with your completed **Contractor's Daily (Job) Report Form** in pdf or Excel format to JodiH@cpcmail.net. **NOTE:** Our **Standard Limited (Material) Warranty** for all products/systems is for a **1 Year Term** and can be located on the back or Page 2 of all our System/Product Description Sheets.