

REQUEST FOR SINAK CORPORATION WARRANTY

It is requested that SINAK issue their 10-year 15-year WARRANTY for VC5 for the following project:

Project: _____
(project name or description)

Address: _____
(No. and Street)

(city, state, zip)

Additional information:

Owner: _____
(name)

Address: _____
(No. and Street)

(city, state, zip)

Contact: _____ (name) _____ (phone)

Area(s) Treated: _____
(e.g. whole building; 1st floor entryway; kitchen and baths; etc. -- attach map if possible.)

Surface Prep: _____ Unique features: _____

Application Date: _____ Square Footage: _____

Quantities applied: VC5 _____ Gallons

Type flooring: _____ (mfg. & product name) Type Adhesive: _____ (mfg. & product name)

Vapor Emission Range: _____ (if available) _____ (lo/hi before) _____ (lo/hi after)

My signature below indicates my recognition and acceptance of SINAK Corporation's policy for the WARRANTY, and my commitment to comply. In brief, this policy provides that before receiving the WARRANTY I shall pay SINAK the agreed price; I shall maintain my account in good standing; and that I will provide labor for any retreatment required under the WARRANTY. It is understood that SINAK Corporation will provide VC5 components at no additional cost, and that SINAK Corporation will reimburse me at cost for expenses involved in retreatment.

Applicator: _____
(company name)

Address: _____
(No. and street)

(city, state, zip)

By: _____ (signature) Date: _____

Title: _____