

BERRIDGE PAINT FINISH WARRANTY REQUEST FORM

Send completed forms to: Fax: (210) 650-0379 or Email: bmcfinishwarranty@berridge.com

IMPORTANT! All requests for warranties must be in writing and must include ALL the following information on the job for which the warranty is requested. Incomplete request forms cannot be processed and will be returned to the customer. No warranty of ANY kind will be issued until all Berridge Manufacturing Company invoices pertaining to the material work order(s) for the pertinent job are completed and paid in full. No warranty will be issued unless requested by the Berridge Customer within one year of the invoice date.

Name of person to direct que Project completion date:		varranty attention to:	
Number of warranty copies			
PLEASE TYPE OR PRII	NT CLEARLY!!!		
Berridge Work Order No., Invoice No. & Invoice Date:	Color or Colors	Berridge Product or System	No.of Squares:
		_	
		_	
*Required		DGE CUSTOMER	
• •			
*Required	PIIII	DING OWNER	
-			
• •			
*Required	JOB NAME 8	PHYSICAL ADDRESS	
·			
• •			
City, State & Zip:			
*Required	PROJE	CT ARCHITECT	
Company:			
Address:			
City, State & Zip:			
		nal Warranty to the Berridge Customer to whom the then than the customer Berridge sold to, please suppl	
	OTHER PARTY	TO SEND WARRANTY TO	
,		varranty will <u>NOT</u> be sent to Berridge Customer.)	
Company: Address:			-
City State & Zin:			