

SIKA CORPORATION
Request For Warranty Intent Letter

All information must be completed or form will be returned

Warranty ID # _____ Sales Rep _____ Fax _____

Type of Warranty: **Material** _____ **Project / System:** _____ **Standard Material** _____

1. Project Name: _____
Location: _____
City: _____ State: _____ Zip Code: _____

2. Owner: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Phone: _____ Fax: _____

3. Architect
/ Engineer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Phone: _____ Fax: _____

4. General Contractor
(If Appropriate): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Phone: _____ Fax: _____

5. Applicator: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Phone: _____ Fax: _____

6. Distributor
(If appropriate): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Phone: _____ Fax: _____

Products to be Used

Estimated Quantity

Substrate Area
(Square Footage required for coatings)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Estimated Total Sika Product Value: _____

Expected Start Date: _____

Expected Completion Date: _____

Warranty Term: _____ Years

Specifications/Brief Description of Project: (Must be completed or form will be returned)

Photos Taken Submitted

Sales Representatives Signature Date: _____

Technical Service Signature Date: _____

Regional Sales Manager Signature Date: _____
(For Labor Inclusion Only)

SIKA CORPORATION
Warranty Request/Approval Form

All information must be completed or form will be returned

Warranty ID # _____

Project Name: _____

Owner: _____

Contractor: _____

Completion Date: _____

Warranty Period: Beginning _____ Ending: _____

Type of Warranty: Material _____ Project _____ Standard Material _____

Product	Quantity	Square or Lineal Footage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

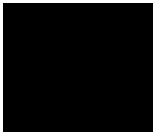
Estimated Total Sika Products Value: _____

Approval

I hereby acknowledge completion of the above referenced project. I have inspected the work and approve/authorize the processing of the appropriate approved Sika warranty.

Sales Representative Signature Fax: _____ Date: _____

Technical Service Manager Signature Date: _____



Do not type in shaded cells/boxes, use adjacent un-shaded cells

All Information must be completed or form will be returned

Sales Rep: Bill Light

Email completed form to Bill Light at light.bill@us.sika.com

Warranty ID:

Type of Warranty: Standard Material Project/System Material

Flooring: Not Applicable

Labor Inclusion: None Regional Manager: John Rivers

Project Name:
Location:
City: State: Zip Code:

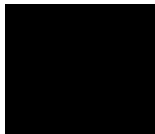
Owner:
Address:
City: State: Zip Code:
Contact: Phone: Fax:

Arch/Eng:
Address:
City: State: Zip Code:
Contact: Phone: Fax:

GC:(if applicable)
Address:
City: State: Zip Code:
Contact: Phone: Fax:

Applicator:
Address:
City: State: Zip Code:
Contact: Phone: Fax:

Distributor:
Address:
City: State: Zip Code:
Contact: Phone: Fax:



Do not type in shaded cells/boxes, use adjacent un-shaded cells

Products to be Used	Description	Quantity	Substrate Area (sq. fot. req for coatings)

Estimate Total Sika Product Value	
Expected Start Date:	
Expected Completion Date:	
Warranty Term: (years)	

Specifications/Brief Description of Project: (Must be completed or form will be returned)

Photos Taken Yes No

Attachments (photos, documents): If Applicable

Comments: Sika Internal Use Only!

Warranty Request/Approval Form
All Information must be completed or form will be returned

Complete Date:	
Warranty Period: Beginning:	Ending:

Approval

Sales Rep. E-Signature;

I hereby acknowledge completion of the above referenced project. I approve/authorize the processing of the appropriate approved Sika warranty.

Job: Public Project Private Project

Comments: Sika Internal Use Only!