

10 YEAR WARRANTY REGISTRATION FORM

IMPORTANT: PLEASE MAKE A COPY OF THIS FORM FOR FUTURE REFERENCE. ALL CLAIMS WILL REQUIRE ORIGINAL DOCUMENTATION.

PROJECT / CUSTOMER INFORMATION (ALL FIELDS ARE REQUIRED TO BE FILLED-OUT)		WARRANTY START DATE:	
Project Name:		PO Number:	
Project Site:		Invoice Number:	
Approval (Portor):		Customer:	
On-site Contact, most likely to submit the Warranty Requests:		On-site Contact, phone number:	

THIRD PARTY INSTALLER (IF APPLICABLE)		
Company	Contact Info	Contact Name

NOTES: PLEASE LIST DETAILS THAT AFFECT THE PROJECT'S WARRANTY BELOW:

540 N. LOOP DR., ONTARIO, CA 91761 • TEL: 323-516-6458 • EMAIL: INFO@PORTORINDUSTRY.COM