



Ashford Formula™ & Retroplate®
Project Report &
Warranty Request
Fax: 801.489.3307 EMAIL | projectreports@curecrete.com

For Office Use Only

Job #: _____

ft²/gal: _____

Invoice #: _____

- ☐ Job Posted in MAS
- ☐ Notes in MAS
- ☐ Distributor Authorized
- ☐ Invoice/Drum #s Match
- ☐ Invoice Paid
- ☐ 5 Year Labor Warranty (From Distributor)
- ☐ 20 & 5 Year
- ☐ Lifetime & 5 Year Labor
- ☐ Lifetime Product & Labor

- ☒ Project Report ONLY
- ☐ Warranty Request
- ☒ Ashford Formula
- ☐ Retroplate

- ☒ Domestic Project
- ☐ International Project
- ☐ Will this project be applying for a LEED Award or any other "Green" distinctions?

Distributor Submitting Form* john doe
Customer Unique Form ID: 206

Distributor Email* jasshultz@gmail.com

PO # 12

Project Information

| | | | |
|------------------------------|--------------|---------------------------|------------|
| Project Name* | asdf | Gallons Used* | 12 |
| Address* | 960 S 550 E | ft ² * | 120 |
| City* | Clearfield | Initial Application Date* | 12/12/2012 |
| Province/State* | Utah | Final Application Date* | 12/20/2012 |
| Country & Postal Code* | 84015 | Building Use* | |
| Project Owner* | Clearfield | Industry* | barn |
| Specifier/Architect | | Comments | asdf |
| General Contractor | | | |
| Applicator* | John's Uncle | | |
| Flat Worker / Sub-Contractor | | | |

DRUM INFORMATION - Drum Number(s) / Liter(s) or Gallon(s) Used

If some or all of your drum numbers fall in consecutive order, please feel free to use the "series" method shown below to avoid typing each drum number individually and to save you valuable time.

Example:

10001, 10002, 10003, 10004, 10005, 10006 or 10001 - 10006

| Drum No. | Gallons | Drum No. | Gallons | Drum No. | Gallons | Drum No. | Gallons |
|----------|---------|----------|---------|----------|---------|----------|---------|
| 10 | 5 | | | | | | |

Warranty Request

International Distributors are to provide a signed, binding letter of certification stating they will assume financial responsibility for the 5-Year Labor portion of the warranty.

| | | | |
|-----------------------------|------------|-----------------|---------------|
| Date Floor To Be Warranted* | 11/03/2013 | Address* | 960 S 550 E |
| Applicator Company Name* | Axis 41 | City* | Clearfield |
| Applicator Owner Name* | jim bob | State/Province* | Utah |
| Phone* | 8019465020 | Country* | United States |
| Fax | | Postal Code* | 84015 |

Environmental Conditions During Concrete Pour (i.e. Enclosed Building)*

Weather Conditions During Ashford Formula Application*

Ashford Formula Used As Cure?*
☐ Yes
☐ No

Floor Burnished?*
☐ Yes
☐ No

Applied To Concrete?*
☐ On Existing Floor?
☐ At Time Of Placement?

Application Supervised by Distributor?*
☐ Yes
☐ No

☐ Hours After Placement

Maintenance Brochure Given?*
☐ Yes
☐ No

Corporate Projects

asdfasdf

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