



Project Report & Warranty Request

Time Stamp (UTC): 2014-02-10, 20:44:52
Date Submitted: 02-10-2014
Customer Unique Form ID: 257

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

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Project Report ONLY | <input checked="" type="checkbox"/> Ashford Formula | <input checked="" type="checkbox"/> Domestic Project |
| <input type="checkbox"/> Warranty Request | <input type="checkbox"/> Retroplate | <input type="checkbox"/> International Project |

☐ Will this project be applying for a LEED Award or any other "Green" distinctions?

Customer/Rep Submitting Form john doe

Customer/Rep Email* jason@openskymedia.com

PO # 125

PROJECT INFORMATION

Project Name*	cool project	Gallons Used*	billions
Address*	960 S 550 E Unit A7	ft ² *	thousands
City*	Clearfield	Initial Application Date*	12/03/2013
Province/State*	UT	Final Application Date*	12/04/2013
Postal Code	84015	Building Use*	airport
Country*	United States	Industry*	airline
Project Owner*		Comments	
Specifier/Architect			
General Contractor			
Applicator*	asdfsadf		
Flat Worker / Sub-Contractor	Huh?		

DRUM INFORMATION

Drum No.	Gallons	Drum No.	Gallons	Drum No.	Gallons	Drum No.	Gallons
2342345	234						

WARRANTY REQUEST

Date Floor To Be Warranted*	Address*
Applicator Company Name*	City*
Applicator Owner Name*	State/Province*
Phone*	Postal Code
Fax	Country*

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

Weather Conditions During Application*

Ashford Formula Used As Cure?*	<input type="checkbox"/> Yes	Applied To Concrete?*	<input type="checkbox"/> On Existing Floor?	Application Supervised by Distributor?*	<input type="checkbox"/> Yes
	<input type="checkbox"/> No		<input type="checkbox"/> At Time Of Placement?		<input type="checkbox"/> No
Floor Burnished?*	<input type="checkbox"/> Yes		Hours After Placement	Maintenance Brochure Given?*	<input type="checkbox"/> Yes
	<input type="checkbox"/> No				<input type="checkbox"/> No

PARTNERING SERVICES PROJECTS

No details

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