



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: 207

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

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