

Weathertightness Warranty Request Form

Please complete and submit (see button below) or download and fax

Date of Request				Warranty Type				
Petersen's Custom	ier			Contract Amount \$				
Contact Name				Material & Labor	(S	tanding Seam	Only)	
Address				Panel Profile				
City State & Zip				Completion Date				
Phone				Pitch				
Fax				Material	☐ Aluminur	n □ Steel		
Email				Mail Original To	□ Custome	r 🗆 Installer	☐ Contractor	
PETERSEN ALU	MINUM INVOIC	E NUMBERS &	& DATES					
Warranty Invoice #		Invoice Date		Invoice #		Invoice Date		
Material Invoice Number & Dates				Invoice #		Invoice Date		
Invoice #		Invoice Date		Invoice #		Invoice Date		
Invoice #		Invoice Date		Invoice #		Invoice Date		
Invoice #		Invoice Date		Invoice #		Invoice Date		
CONTRACTOR				INSTALLER				
Company				Company				
Contact				Contact				
Address				Address				
City State & Zip				City State & Zip				
OWNER OF PRO) IFOT			DDO JECT NAME				
	JJEC I			PROJECT NAME				
Company Address				Company				
City State & Zip				City State & Zip				
	ngs and details required	prior to start of job.	Request sho	ould be submitted to loca	tion at which th	ne order was pro	cessed.	
Illinois	Tom Creigh		tcreigh@	petersenmail.com				
Maryland	Mark Marshall		mmarsha	mmarshall@petersenmail.com				
Texas	Tim Bentley		tim.bentl	tim.bentley@petersenmail.com				
Georgia	Dave Landis		dlandis@petersenmail.com					
Arizona	Gordon Sorensen		Gordon.Sorensen@petersenmail.com					
Your Electronic Sign	nature below certifi	es that all inform	nation on th	nis form is accurate ar	nd you agree	to the terms.		
Full name Job tit			b title	Today's date				
Check this box	o certify you are th	e above listed po	erson and y	you are electronically	signing this o	document.		
				rovided at no charge. Addi				

PETERSEN ALUMINUM CORPORATION

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