



CONSTRUCTION METAL PRODUCTS, Inc.
PAINT FINISH WARRANTY REQUEST FORM

2204 WEST FRONT ST. STATESVILLE NC 28677
PH: 704-871-8704 FAX: 704-871-1381

ALL INFORMATION IS REQUIRED IN ORDER TO PROCESS YOUR WARRANTY REQUEST

TYPE OF WARRANTY: PAINT FINISH _____ (YRS)

PANEL MANUFACTURER _____

TYPE OF PANEL _____ WIDTH _____

COLOR _____ GAUGE _____

SQ FT OF PROJECT _____

CMP INVOICE #(s) _____

DATE OF COMPLETION _____

ROOFING CONTRACTOR _____

ADDRESS _____

PHONE _____ FAX _____

PROJECT NAME AND ADDRESS: _____

OWNER AND ADDRESS _____

ARCHITECT: _____

ADDRESS: _____

PHONE _____ FAX _____

GENERAL CONTRACTOR: _____

ADDRESS: _____

PHONE _____ FAX _____

CONTRACT PRICE _____

APPLICANTS NAME _____

PHONE: _____

FAX: _____