



Super Silicone Secure Roof Limited Warranty Registration Card

INSTRUCTIONS:

1. Owner or Contractor to complete this section ONLY. Please type directly into this fillable PDF. **Hand written forms will be returned.**
2. Complete form using Roofing Squares or "Squares" as the unit of measurement. One (1) Square = 100 Square feet.
3. Warranty Number will be filled in by Roof X Tender Warranty Department and final document returned to contractor.
4. Retain Proof of Purchase for all warranty claims.
5. Please allow 5 business days for warranty processing and return.

Requested Warranty: 10 years 15 years

20 years Other:

Roof Type: Built-Up Single-Ply

Metal Other: _____

Area of Roof in Squares: _____

Roof X Tender Roof Spec / Products: _____

Gallons Applied (per Square): _____

Date of Completion: _____

Project Name: _____

Project Address: _____

Owner's Name: _____

Owner's Phone: _____

Owner's Email: _____

Contractor (Company): _____

Contractor's Phone: _____

Contractor's Email: _____

FOR RXT WARRANTY DEPARTMENT ONLY

Warranty Number: _____

Approved Warranty Term: ____ Years

Upon completion of roof, email completed forms to: warrantyforms@roofxtender.com