



Internal Use

WT- _____

Reference # _____

Shingle Application Date _____

IKO LIMITED WARRANTY TRANSFER DOCUMENT

Procedure and Conditions:

1. Complete all requested information
2. Transfer request must be requested by the Original Consumer/Purchaser only
3. Transfer request must be made within thirty (30) days of the real estate transfer
4. Enclose a copy of the real estate transfer document
5. Enclose a copy of the proof of purchase of IKO shingles that were installed on the property
6. Enclose a check or money order made payable to IKO Industries Inc. for \$100.00 (credit cards are not accepted)
7. Please return a copy of this form along with all the required documents and payment to:

IKO Industries Inc.
Attn: Warranty Services Department
235 W. South Tec Dr.
Kankakee, IL 60901-8426

Property Address: _____

Name and Phone Number of the Original Consumer/Purchaser:

 (____) _____

Name, Address and Phone Number of the second Property Owner:

Applicant's Signature: _____ **Date:** _____

I certify the above information to be true, correct and complete, and I understand that I may be subject to legal proceedings brought by IKO for any fraudulent statements.