



WARRANTY REGISTRATION/CLAIM FORM

EasyRock Products Inc.
11224 - 143 Street,
Edmonton, Alberta
T5M 1V5

Phone (780 484 5678

Fax: (780) 484 9292

Date of Purchase: (mm/dd/yr) ____/____/____ Installation Completion Date: ____/____/____

Purchaser's Information: Name: _____

Address: _____, City: _____, Prov. _____ p.code _____

Telephone Contact: (_____) _____ alternate: (_____) _____

Email: _____ FAX (_____) _____

If installation address is different than above, please provide below:

Address: _____, City: _____, Prov. _____ p.code _____

Details of Installing Contractor/Distributor:

Name of Contractor/Distributor: _____

Address: _____, City: _____, Prov. _____ p.code _____

Telephone: (_____) _____ Email: _____

Contractor/Distributor Name: (please print) _____

Contractor/Distributor Signature: _____

Description of Products Purchased:

PRODUCT DESCRIPTION	PRODUCT COLOUR	QUANTITY INSTALLED

Customer Signature: _____

PLEASE ATTACH A COPY OF THE SALES RECEIPT/INVOICE FOR MATERIALS PURCHASED, AND PROOF OF PAYMENT TO INSTALLATION CONTRACTOR/DISTRIBUTOR ALONG WITH PHOTOGRAPHS OF THE PANELS IN QUESTION.