

Smart Choice® System Plus Ltd. Warranty Application Form

Form

Updated: 1/06



*Quality You Can Trust Since 1886...
From North America's Largest Roofing Manufacturer™*



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Smart Choice® System Plus Ltd. Warranty Application Form

Owner's Name		Phone
Street, City, Province		Postal Code
Street, City, Province of building (if different)		Postal Code
Contractor's Name	Phone	GAF Certification # (MUST include)
Street, City, Province		Postal Code

<p>Indicate Type of Job:</p> <p><input type="checkbox"/> Clean deck (GAF shingles plus at least three accessory products required)</p> <p><input type="checkbox"/> Re-cover over existing shingles (GAF shingles, plus at least two accessory products required)</p> <p>Indicate GAF Shingles Used:</p> <p><input type="checkbox"/> Royal Sovereign®</p> <p><input type="checkbox"/> Timberline® 30</p> <p><input type="checkbox"/> Timberline® 35™</p> <p><input type="checkbox"/> Timberline® Ultra®</p> <p><input type="checkbox"/> Slateline®</p> <p><input type="checkbox"/> Grand Timberline™</p> <p><input type="checkbox"/> Grand Slate™</p> <p><input type="checkbox"/> Grand Sequoia®</p> <p><input type="checkbox"/> Grand Canyon™</p> <p><input type="checkbox"/> Country Mansion®</p> <p><input type="checkbox"/> Camelot™</p> <p><input type="checkbox"/> Other GAF Shingle _____</p> <p>With Algae Eater™ Protection?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Indicate GAF Accessories Used:</p> <p>1. GAF Leak Barrier</p> <p><input type="checkbox"/> Weather Watch®</p> <p><input type="checkbox"/> StormGuard®</p> <p>2. GAF Roof Deck Protection</p> <p><input type="checkbox"/> Deck-Armor™</p> <p><input type="checkbox"/> Shingle-Mate®</p> <p><input type="checkbox"/> Leatherback® (#15)</p> <p>3. GAF Attic Exhaust Ventilation</p> <p><input type="checkbox"/> Cobra® Exhaust Vent (hand nail or nail gun version)</p> <p><input type="checkbox"/> Cobra Rigid Vent II™ or Snow Country™ Rigid Exhaust Vent</p> <p><input type="checkbox"/> Master Flow® solar-powered roof exhaust vent(s)</p> <p><input type="checkbox"/> Other Master Flow® exhaust ventilation _____</p> <p><input type="checkbox"/> Other GAF exhaust ventilation _____</p> <p>4. GAF Attic Intake Ventilation</p> <p><input type="checkbox"/> Master Flow® solar-powered Intake Booster™ vents</p> <p>5. GAF Hip & Ridge Cap</p> <p><input type="checkbox"/> Timbertex®</p> <p><input type="checkbox"/> PacificRidge™ (Western Region Only)</p> <p><input type="checkbox"/> Grand Sequoia®/ Grand Canyon™</p> <p><input type="checkbox"/> Other GAF _____</p> <p>5. GAF Premium Skylights</p> <p><input type="checkbox"/> HeavenScape™</p>
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Type of Structure:	<input type="checkbox"/> Single family, detached residence	<input type="checkbox"/> Multi-family	<input type="checkbox"/> HOA/Condo Assoc.	<input type="checkbox"/> Commercial Property
# of Buildings _____	# of Squares _____	Color _____	Date of Installation _____	Cost of Installation \$ _____

Contractor Signature _____ **Date** _____
(Certifies that above information is accurate)

Credit Card Payments: Company Name / Contractor's Name as it appears on credit card	Phone
Credit Card Used: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Expiration Date:
Card #	