

Golden Pledge® 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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Golden Pledge® 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 Master Elite # (MUST include)
Street, City, Province		Postal Code

CONTRACTOR: INDICATE PRODUCT USED IN EACH OF THE FOLLOWING CATEGORIES

<p>1. GAF Roof Deck Protection</p> <input type="checkbox"/> Deck Armor™ <input type="checkbox"/> Shingle-Mate® <input type="checkbox"/> Leatherback™ (ASTM D-226 version, #15 or #30) <input type="checkbox"/> Leatherback™ (ASTM D-4869 version, #30) <p>2. GAF Leak Barrier</p> <input type="checkbox"/> Weather Watch® <input type="checkbox"/> StormGuard® <p>3. GAF Pre-Cut Starter Strip</p> <input type="checkbox"/> Universal™ or other GAF <p>4A. GAF Shingles</p> <input type="checkbox"/> Royal Sovereign® <input type="checkbox"/> Marquis® WeatherMax® <input type="checkbox"/> Timberline® 30 <input type="checkbox"/> Timberline® 35™ <input type="checkbox"/> Timberline® Ultra® <input type="checkbox"/> Slateline® <input type="checkbox"/> Grand Timberline™ <input type="checkbox"/> Grand Sequoia® <input type="checkbox"/> Grand Canyon™ <input type="checkbox"/> Country Mansion® <input type="checkbox"/> Grand Slate™ <input type="checkbox"/> Camelot™ <input type="checkbox"/> Other GAF _____	<p>4B. With Algae Eater™ Protection?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>5. Effective Attic Exhaust Ventilation</p> <input type="checkbox"/> Cobra® Exhaust Vent <input type="checkbox"/> Cobra Rigid Vent II™ Exhaust Vent <input type="checkbox"/> Cobra Snow Country™ Exhaust Vent <input type="checkbox"/> Master Flow® solar-powered roof exhaust vent <input type="checkbox"/> Other Master Flow® exhaust ventilation _____ <input type="checkbox"/> Other GAF exhaust ventilation _____ <p>6. GAF Attic Intake Ventilation</p> <input type="checkbox"/> Master Flow® solar-powered Intake Booster™ vent <input type="checkbox"/> No supplemental intake ventilation needed to meet minimum ventilation guidelines <p>7. GAF Ridge Cap Shingles</p> <input type="checkbox"/> Timbertex® <input type="checkbox"/> PacificRidge™ (Western Region Only) <input type="checkbox"/> Grand Sequoia®/ Grand Canyon™ <input type="checkbox"/> Other GAF _____ <p>8. GAF Premium Skylights</p> <input type="checkbox"/> HeavenScape™ <input type="checkbox"/> No skylights installed or replaced
<p>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</p> <p># of Buildings _____ # of Squares _____ Color _____ Date of Installation _____ Cost of Installation \$ _____</p>	

Owner Signature _____ **Date** _____
 (Acknowledges that the roofing system has been installed satisfactorily)

Contractor Signature _____ **Date** _____
 (Certifies that above information is accurate, that all eligibility requirements have been satisfied, and that roofing system has been installed according to GAF's written application instructions.)

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 #	