

AIM INC. Warranty Request Form



Date: _____ AIM Project Number: _____

Owner: _____ Warranty Effective Date: _____

Owner's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Types of Warranties Required: (place a check by the warranties you need)

(Galvalume Material Warranty _____)? (Kynar 500 Paint Finish Warranty _____)?

(Weathertight Warranty _____)? (Weathertight Warranty Version Req'd _____)

Project Name: _____

Project Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Building Use: _____

AIM Inc. Roof Panel: _____ Roof Slope: _____

Roof Area (Total Sq.Ft.): _____

Installer Company Name: _____

Installer Company Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Point of Contact Name: _____ Title: _____

*** **Fax completed form to AIM, Inc. (706) 660-1474**

Manufacturers of Engineered Metal Roof Systems and Metal Building Components

1724 Northside Industrial Blvd. • Columbus, Georgia 31904 • Tel: (706) 660-1877 • Fax: (706) 660-1474