

Everlast Metals

10 Enterprise Ct. Lebanon, PA 17042 888-339-0059

Application For Warranty

Specific Warranty Requested: _____

Substrate: _____

Trinar Paint Finish: _____

Invoice #: _____

Original Quote #: _____

Authorized Signature: _____

Print Name: _____

Date of Job Completion: _____

Job Name and Address: _____

Applicant Company: _____

Address: _____

Daytime Phone: _____

Contact Name: _____

All Warranties will be sent to the original Everlast Metals customer filing the application and to whom the product is sold. In no case will the warranty be issued until all invoices pertaining to the above listed job is paid in full. All warranty applications must be accompanied by a completed Everlast Metals Job Information Sheet.



Please send application info to the above address or fax to 717-270-6569

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