

LEVANTÉ[®] WARRANTY REGISTRATION FORM

This form is to be completed and mailed to Levanté[®], LLC within 45 days of installation.

*I am a:			*Project Type:	
INSTALLATION LOCAT	ION INFORMA	TION:		
*Name:			Company Name (If Applicable):	
First	Last			
*Phone Number:		*Email:		
*Address:				
Street Address				
Address Line 2				

City	State / Province / Region
Postal / Zip Code	Country

YOUR MAILING INFORMATION:

Same as above

*Mailing Address:	
Street Address	
Address Line 2	
City	State / Province / Region

PRODUCT DETAILS: Please identify Levanté® products that were used in this project.

Products Application/Use: ie: Balcony, Railing, Sunshades, Pergolas, etc.					
Product Color(s):					
PROJECT DETAILS: Product Installed By: Contractor	Owner Installe				
* Product Installed By: Contractor		Contact Person:			
Contractor/Builder Email:		Contractor/Builder	Phone Number:		
Date of Purchase:	Installation Start Date:		Date of Completion:		

CEIPTS / INVOICES:

Attach all receipts / invoices / proofs of purchase documentation showing Levanté® Product Description, Quantities, Pricing, or any other details about the product being registered.	ADD ATTACHMENT(S)
OTHER INFORMATION:	
[*] I confirm that I reviewed the Levanté [®] Installation Guide before installing.	Confirm
*I confirm that I reviewed the Levanté® Warranty information.	Confirm
*I confirm that I reviewed the Levanté® Care & Maintenance Guide.	Confirm

I do not want to be contacted by email about product updates, new products, and promotions.

This certifies that Balconies by Levanté[®] has been installed on the aforementioned building and in accordance with the manufacturer's specifications and the purchaser has received the standard warranty therefore.

TO REGISTER YOUR INSTALLED LEVANTÉ® PRODUCTS, SEND THIS COMPLETED FORM ALONG WITH SUPPORTING DOCUMENTS (RECEIPTS, INVOICES, ETC.) WITHIN 45 DAYS OF INSTALLATION TO:

Email: warranty@levantealuminum.com

