



WARRANTY REGISTRATION FORM

The installation must be completed within 6 months of purchase and the warranty registration form must be submitted to York Contract, 750 Linden Avenue, P.O. Box 5166 York PA 17405-5166 within 90 days of installation in order to qualify.

Date: _____, Pattern Number: _____, Amount (yards): _____

Name and address of the property where the installation was performed:

_____ / _____
Project Name / Property Address

_____ / _____ / _____ / _____
Floor or Suite / City / State / Zip Code

Contact information of the property owner/tenant:

_____ / _____
Contact Person / Phone Number

_____ / _____
Mailing Address

_____ / _____ / _____ / _____
City / State / Zip Code / Email

Contact information of the project manager/purchaser:

_____ / _____
Contact Person / Phone Number

_____ / _____
Mailing Address

_____ / _____ / _____ / _____
City / State / Zip Code / Email

Date of Installation: _____, Adhesive/Primer System Used: _____

I, _____, the project manager/purchaser for _____ (project name) hereby certify that I have fulfilled all the requirements of the **YORKGUARD® ANTIMICROBIAL PROTECTED WALLCOVERINGS** performance specification. I am enclosing the original invoices for the materials used on the job which was completed on _____.

I understand that upon receipt of this registration form and corresponding invoices, York Contract will issue the **YORKGUARD® ANTIMICROBIAL PROTECTED WALLCOVERING** 5-Year Limited Warranty directly to the property owner/tenant.