



METAL

Panel Systems, Incorporated

10346 Evendale Drive
Cincinnati, Ohio 45241-2512
800-554-6126, 513-554-6120
Fax 513-554-6121

Requested By: _____

Request Date: _____

Date of Substantial Completion of Project (This will be the effective date shown on warranty): _____

WARRANTY REQUEST FORM

20 Year Kynar/Hylar Paint Finish Warranty

20 Year Galvalume Substrate Warranty

All information below must be completed to process warranty request.

MPSI CUSTOMER

Company Name: _____

Address: _____

City, State, & Zip: _____

PROJECT INFORMATION

Name: _____

Address: _____

City, State, & Zip: _____

BUILDING OWNER

Name: _____

Address: _____

City, State, & Zip: _____

ARCHITECT

Company Name: _____

Address: _____

City, State, & Zip: _____

MPSI SALES ORDER INFORMATION

MPSI Sales Order or Invoice Number

Product Description

Color

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fax request to MPSI at 513-554-6121. No warranty will be issued until all associated project invoices are paid in full.