

MULE-HIDE PRODUCTS CO., INC.

EFFECTIVE AUGUST 2011

P.O. Box 1057 Beloit, WI 53512-1057 Phone: 800/786-1492 Fax: 888/218-7838 www.mulehide.com

E-Z SINGLE-PLY WARRANTY APPLICATION

PROJECT NAME: Building Name _____ Street _____ City _____ State _____ Zip _____ County _____ Architect/Specifier _____ Phone _____	CONTRACTOR NAME: Name _____ Street _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Mule-Hide Applicator Number _____ Person filling out application _____ Email Address _____
BUILDING OWNER: Name _____ Contact Name _____ Phone _____	DISTRIBUTOR INFORMATION: Distributor Name _____ City _____ State _____ Salesman _____

WARRANTY FEE SELECTION	PRICE/S.F.	SIZE (S.F.)	COST
Membrane Only - 10 Years	N/A x	_____	\$25.00 flat fee
Membrane Only - 15 Years ¹	\$.01 x	_____	(MIN \$100.00)
Membrane Only - 20 Years ^{1,2}	\$.02 x	_____	(MIN \$200.00)

Important Warranty Notes:

- 1 Commercial projects only. 2 Minimum of 60-mil membrane is required for 20-year warranties

PROJECT INFORMATION

Mule-Hide Limited Membrane are only valid when components are installed according to manufacturers' specifications. Always refer to Mule-Hide Application Guidelines for additional information. If specifications were written for this project, please submit one copy with this application

ROOF MEMBRANE - A minimum of 60-mil membrane is required for 20-year warranties

<input type="checkbox"/> BLACK EPDM <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 90	<input type="checkbox"/> TPO <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 80
<input type="checkbox"/> REINFORCED BLACK EPDM <input type="checkbox"/> 45 <input type="checkbox"/> 60	<input type="checkbox"/> PVC <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 80
<input type="checkbox"/> WHITE ON BLACK EPDM <input type="checkbox"/> 60	

SYSTEM TYPE Fully Adhered Ballasted Mechanically Attached**ROOF SYSTEM** New Roof Re-Roof (Tear Off) Recover (Over Existing)**BUILDING TYPE** Commercial Public/Government School Worship Healthcare Institutional Industrial Funeral Residential (10 year Membrane Only Warranty ONLY)**BUILDING USE:** _____ **BUILDING HEIGHT:** _____ ft. **NUMBER OF LEVELS:** _____**PARAPET HEIGHTS:** North _____ ft. South _____ ft. East _____ ft. West _____ ft. (show on roof plan)**PROJECT START DATE:** _____ **PROJECTED/ACTUAL COMPLETION DATE:** _____

Warranty applications and pre-job survey form must be sent in for approval before the start of the project. Requests for final inspection must be received within 30 days of roof completion. Warranties must be executed within 90 days of roof completion. Any warranty issued by Mule-Hide Products Co., Inc. will be based upon the accuracy and completeness of the information contained in this warranty application, roof drawing and pre-job survey.

ELIGIBLE CONTRACTOR SIGNATURE (MUST BE AN OFFICER OF THE COMPANY)

By _____ Title _____ Date _____

