



WARRANTY REGISTRATION FORM

To be completed by Owner

Building Owner: _____ Date of Birth: _____
(For Limited Lifetime Residential Warranty only)

Building Street Address: _____

City, State, and Zip Code: _____

Phone: (____) _____ - _____ Email: _____

Installation Contractor: _____

Street Address: _____

City, State, and Zip Code: _____

CBM Invoice #: _____ Date Installation Completed: _____

Product Purchased: _____ Color: _____

- Limited 35 Year Commercial (Roofing)
- Limited Lifetime Residential (Roofing)
- Limited 25 Zincalume®/Galvalume® (Roofing or Rain Gutters)
- Limited Lifetime Residential or Commercial (Rain Gutters)
- Limited 20 Residential or Commercial- Hawaii only (Roofing)
- Limited 20 Residential or Commercial- Puget Sound only (Roofing)

Please return the completed form to Custom-Bilt Metals Warranty Department at:

Email: warranty@custombiltmetals.com **Fax:** (909)664-1520 **Mail:** Warranty Dept, 13940 Magnolia Ave, Chino, CA 91710

Limited Warranties shall not become effective unless and until it is registered with CBM by returning the completed registration form within 150 days of the date of purchase.

For CBM use only

CBM Branch Manager must verify that this warranty complies with the Conditions, Limitations, & Exclusions.

Coil Lot #: _____ Sq. Ft. or Lbs Sold: _____

Date of Shipment from CBM: _____ Date of Sale: _____

Branch Location: _____ Approved By _____
(Branch Manager)

Custom-Bilt Metals- Please submit to Corporate for final approval and issuance of warranty.