

Commercial Special Warranty Form

REQUIRED PROJECT INFORMATION

PROJECT NAME:

FABRICATOR POINT OF CONTACT:

ADDRESS:

ARCHITECT:

GENERAL CONTRACTOR:

DESIGNER:

CONTRACT SUB:

CM OR OTHER:

NUMBER OF MANUAL SHADES:

NUMBER OF SHADES:

NOTE: PLEASE ATTACH ANY TAKE OF MATERIALS

IS ROLLEASE MAKING THE BILL OF MATERIAL?

YES | NO

- If yes, please attach supporting documents to streamline the process.
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SYSTEM DETAIL

SYSTEM TYPE (CIRCLE ALL THAT APPLY):

CONTRACT SERIES 1 (CS1) | CONTRACT SERIES 2 (CS2) | CONTRACT SERIES SPECIALTY | CONTRACT SERIES EXTREME

FABRIC TYPE:

SPECIAL ACCOMODATIONS (Example: Using non-Rollease Acmeda parts)

PROJECTED START DATE:

PROJECTED COMPLETION DATE:

INTERNAL NOTES

SQ NUMBER:

APPROVED BY:

TENTIVELY APPROVED BY: