



SYNTHETIC GRASS WARRANTY REQUEST FORM

APT ASIA PACIFIC
Advanced Polymer Technology Corp.

Please complete this form ensuring **all** fields are filled in and return it to APTA. Upon receipt of the completed form, **providing the project has been paid in full**, a manufacturer's warranty for products used will be issued.

PURCHASER (APT AGENT/DIY Customer) <i>Please circle one and complete the following details</i>	
Contact Name	
Email Address	
Contact Number	
Address	
City, State, Postcode	

INSTALLATION INFORMATION <i>(Please complete the following information where purchased goods were installed)</i>			
Contact Name		Address	
Email Address		City, State, Postcode	
Contact Number		Postcode	
Date of Sale		Date of Installation	
Product Used		Invoice Number	
Roll Number <i>(if multiple rolls were purchased on the same invoice)</i>		Subbase Construction <i>(please circle which one applies to your installation)</i>	Concrete / Asphalt

If the "purchaser" is different to that of the installer, please complete details below:	
Installed By (Company Name)	
Installer Name	
Installer's Signature	Date: ___/___/___
Customer's Signature	Date: ___/___/___