

Interpon D Project Notification Form: Version 004

Project Warranty No										

Commencement of Project

Use this form at the commencement of the project to identify the project conditions, obtain technical approval and secure a project warranty number so that you can commence ordering Interpon D products. This form will cover all future orders in relation to this project unless the product technology changes or the environment category of the project changes. If this occurs then a new project number and further approval needs to be requested.

Please note that <u>THIS IS NOT AN ORDER FORM.</u> You will receive a Warranty number dedicated to your project once the details of the project have been approved by the Interpon Technical Manager. This number must appear on all Warranty Product Order Forms (WPOFs) to ensure your orders will be processed and to ensure details specific to this project are correct for warranty purposes.

Applicator Details

			Request	to commen	ce a Warra	nty Proj	ect :		
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	*Residential			or Other [_	ation:	Interna	I	External
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LOOm from any salt	water or surf line								
C1-C3 Nor	ו	C4 Swimm	ning & leis	sure Pools/Li	ght 📗	C5-M Be	achfront	/ Mari	ne
Hazardous	dous Industrial								
C3/T Trop	ical	C4 Coasta	l Environr	nent		C5-I Hea	avy Indus	trial	
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Product Details

Please state what products you are intending to order. At this stage you only need to provide technology i.e. D2015, D3000 etc. and whether the product is ex-stock range, made to order or MiniB orders. If you are using existing product, you do not need to complete a separate order form. State existing product details below.

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Ex-Stock		Made to Ord	er [Mini B		Existing Stock		
Products									
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Perforated Screens)									
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Approved?		Yes	Yes No Warranty Project No. Issued:						
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please complete th	e sectio	on below and f	ax/ema	il/mai	I this form to your lo	ocal Sale	s Manager to red	uest vour	warranty certificate
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Date:		C	Closing the Project (request for Warranty Certificate):						
Applicator Name:									
Applicator Name.									
Project Name:									

Please ensure you use your dedicated warranty number on all future product requests for this project.

Please contact your Regional Sales Manager if you have any queries regarding this process.

Interpon Sales Manager Signature: (Email Approval will suffice)