

**WARRANTY REGISTRATION FORM**

**VICOSTONE CANADA INC.**

**CONTACT INFORMATION**

First Name\*

Last Name\*

Email Address\*

Telephone\*

**PROJECT INFORMATION**

Address of Installation\*

City\*

Fabricator/installer\*

State \*

Date Purchased\*

Date Installed\*

**SLAB INFORMATION**

Please refer to Vicostone original invoice for slab's run# and slab#

|                | Product Name *       | Run#*                | Batch#*              | Finish               | Usage*               |
|----------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <b>SLAB 01</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>SLAB 02</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>SLAB 03</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>SLAB 04</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>SLAB 05</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>SLAB 06</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |



Microbial Resistance  
ASTM D 6329-98