

## WARRANTY REGISTRATION FORM

VICOSTONE CANADA INC.

### CONTACT INFORMATION

First Name\*

Last Name\*

Email Address\*

Telephone\*

### PROJECT INFORMATION

Address of Installation\*

City\*

Fabricator/installer\*

State/Province\*

Date Purchased\*

Date Installed\*

### SLAB INFORMATION

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

	Product Name *	Run#(Lot/batch)*	Slab#*	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