## **THE WORKS**

Contractor Application for the Premium Warranty

## **CONTRACTOR DETAILS**

| Name  |                      |               |              |                         |
|---|----------------------|---------------|--------------|-------------------------|
| Address   |                      |               |              |                         |
| 7.13.21.050   |                      |               |              |                         |
| Phone   |                      |               |              |                         |
| Email   |                      |               |              |                         |
| CUSTOMER DETAILS  |                      |               |              |                         |
| Name  |                      |               |              |                         |
| Address   |                      |               |              |                         |
| Phone   |                      |               |              |                         |
| THE SCHEDULE  |                      |               |              |                         |
| Address of work carried out                               |                      |               | (If diffe    | erent from above)       |
| Brief description of work                                 |                      |               |              |                         |
| Area m²   |                      |               |              |                         |
| Date work started   |                      |               |              |                         |
| Date work completed                                       |                      |               |              |                         |
| MATERIALS USED  | Quantity Used        | Packing date  | Batch No.    |                         |
| Premium Roofing Resin (kg)                                |                      | Ü             |              | ]                       |
| Premium Roofing Resin Zero (kg)                           |                      |               |              |                         |
| Premium Topcoat Resin (kg)                                |                      |               |              |                         |
| Premium Topcoat Resin Zero (kg)                           |                      |               |              |                         |
| CSM   | m <sup>2</sup>       | 600gm*        | 450gm*       | * delete as appropriate |
|   |                      |               |              |                         |
| Board type  | 18mm OSB3            | 18mm OSB3 T&G | 18mm WBP Ply | Other                   |
| Percentage catalyst                                       | 1%                   | 2%            | 3%           | 4%                      |
|   |                      |               |              |                         |
| INSTALLATION DETAILS                                      |                      |               |              |                         |
| Date of Installation                                      |                      |               |              |                         |
| Prevailing weather conditions and approximate temperature |                      |               |              |                         |
| I confirm that the work has been carr                     | ied out to my satisf | action:       |              |                         |
| Signed (The Customer)                                     | Date                 |               |              |                         |
| Signed (The Contractor)                                   | Date                 |               |              |                         |

Please return to Matrix within 28 days of contract completion, to the address below.

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