



WARRANTY REGISTRATION

Complete this registration form within 30 days of floor installation for validation and mail to:

Fritztile
180 Gordon Drive, Suite 107
Exton, PA 19341

Owner Information:

Name _____

Installation Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Installation Date _____

Installer name and company _____

Materials installed _____

Area installed (sqf) _____

Moisture test results _____ Air temp _____ Humidity _____

Sub-Floor (type) _____

Sub-Floor location (Above, Below or On Grade) _____

Leveling Compound (brand) _____

Sub-floor sealer (brand) _____ Application method _____

Adhesive used (brand) _____ Trowel size _____