

## **REQUEST FOR SINAK CORPORATION VC-5 WARRANTY**

Online version available at [www.sinak.com](http://www.sinak.com)

The SINAK Corporation VC-5 product warranty is an agreement between SINAK Corporation and the property owner. This warranty is for a period of fifteen (15) years from the application dates. This warranty shall not be pro-rated and is fully transferable to successive owners for the warranty term. In order to fully execute and obtain the VC-5 warranty, all of the following specified items and procedures must be completed and submitted for verification and documentation into the warranty file.

### Warranty Application Procedures and Items:

1. The applicant must provide proof of purchase. A copy of the purchase order or a receipt from an authorized SINAK distributor is required.
2. Specified locations of application must be provided. This can be in writing as a descriptive narrative; (The entire first floor etc.), lists of room numbers, or highlighted location on drawings (either physical or electronic).
3. Scanned copies or clear photographs of the concrete batch tickets to verify the water to cement ratio (w/c)
4. The completed application form on the back of this page

### **SPECIAL NOTE:**

Special conditions and application procedures will apply to all glue down wood flooring installations. On glue down wood flooring installations, one (1) coat of SINAK V-Poxy is required after the VC-5 application and prior to the installation of the wood flooring system. Please ensure your SINAK representative has approved the project prior to installation.

My signature below indicates my recognition and acceptance of SINAK Corporation's policy for the WARRANTY, and my commitment to comply with the application requirements. I acknowledge that the warranty will not be in effect until all SINAK materials have been paid in full.

[ ] By checking this box, I acknowledge and confirm that I have read and understand the terms and conditions of the SINAK VC-5 warranty attached hereto, including the specific exclusions stated therein. I affirm that all of the information submitted is true and correct.

Applicator: \_\_\_\_\_  
(company name)

Address: \_\_\_\_\_  
(No. and street)

\_\_\_\_\_  
(city, state, zip)

By: \_\_\_\_\_ Name: \_\_\_\_\_  
(signature) (print name)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUEST FOR SINAK CORPORATION VC-5 WARRANTY**

It is requested that SINAK issue their standard 15-year WARRANTY for VC-5 for the following project:

Project: \_\_\_\_\_  
(project name or description)

Address: \_\_\_\_\_  
(No. and Street)

\_\_\_\_\_  
(city, state, zip)

Additional information:

Owner: \_\_\_\_\_  
(name)

Address: \_\_\_\_\_  
(No. and Street)

\_\_\_\_\_  
(city, state, zip)

Contact: \_\_\_\_\_ (name) \_\_\_\_\_ (phone)

Area(s) Treated: \_\_\_\_\_  
(e.g. whole building; 1st floor entryway; kitchen and baths; etc. -- attach map if possible.)

Application Date: \_\_\_\_\_ Square footage: \_\_\_\_\_

Application Date: \_\_\_\_\_ Square footage: \_\_\_\_\_

Attach additional date schedule as needed.

Total Quantities applied for the project: VC-5 \_\_\_\_\_ gals

Type flooring: \_\_\_\_\_ Type Adhesive: \_\_\_\_\_  
(mfg. & product name) (mfg. & product name)

**Note:** See special conditions for wood flooring installations.

V-Poxy Application Date: \_\_\_\_\_ Square footage: \_\_\_\_\_

V-Poxy total gallons: \_\_\_\_\_

Warranty shall be mailed to:

Number of copies (circle one): 1 2 3

Name: \_\_\_\_\_  
(name)

**REQUEST FOR SINAK CORPORATION VC-5 WARRANTY**

Address: \_\_\_\_\_  
(No. and Street)  
\_\_\_\_\_  
(city, state, zip)