



Tile & Stone Installation Systems Warranty Pre-Approval

LIMITED WARRANTY

Warranty Recipient: _____

Name: _____

Address: _____

Phone: _____ Fax _____ Email: _____

Occupation (check one):

- Architect/Specifier General Contractor Tile Contractor Retailer
- Home Owner Developer/Building Owner

Project Address: _____

Project Size: _____

Project Type (check one):

- Residential Mall/Retail Site Industrial/Factory Multi-Unit Residential
- Hospital Airport Restaurant/Hotel Office Building
- Arena Other (please specify) _____

Description of Tile: Type _____ Size _____

Description of Installation: _____

Environment of Installation: _____

- Interior Exterior Dry Water Immersion
- Other (please specify) _____

Substrate Type:

- Cured Concrete Backerboard Gypsum Wallboard Plywood
- Other (please specify) _____

Project Notes: _____

CBP Architectural Consultant: _____ Date: _____



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