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| **Project Warranty No.**  **Interpon D Project Notification Form: Version 004** |

**Commencement of Project**

Use this form at the commencement of the project to identify the project conditions, obtain technical approval and secure a project warranty number so that you can commence ordering Interpon D products. This form will cover all future orders in relation to this project unless the product technology changes or the environment category of the project changes. If this occurs then a new project number and further approval needs to be requested.

Please note that **THIS IS NOT AN ORDER FORM.** You will receive a Warranty number dedicated to your project once the details of the project have been approved by the Interpon Technical Manager. This number must appear on all Warranty Product Order Forms (WPOFs) to ensure your orders will be processed and to ensure details specific to this project are correct for warranty purposes.

**Applicator Details**

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| **Applicator No.** | | AUS187 |
| **Commence Date:** | |  | **Request to commence a Warranty Project :** | | |  |
| **Revised Date:** | |  | **Updating project details ONLY:** | | |  |
| **Applicator Business Name:** | | | CV Powder Coaters | | | |
| **Applicator contact:** | | | Taylor Wiese | | | |
| **Phone:** | 9455 3669 | | | **Email:** | taylor@cvpowdercoaters.net.au | |
| **Applicator Signature:**  **(Email approval will suffice)** | | |  | | | |
| **Interpon Sales Manager Approval:**  **(Email notification will suffice)** | | |  | | | |

**Project Details**

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| **Project Name:** | | | |  | | | | | | | | | | | | |
| **Project Address:** | | | |  | | | | | | | | | | | | |
| **Suburb:** |  | | | | | | **State:** | | |  | | | | **Postcode:** | |  |
| **Architect:** |  | | **Fabricator:** | | |  | | | **Builder/Contractor:** | | | |  | | | |
| **Building Type** | | | \*Residential  \*\*Commercial  or Other  Perforated Screens  Metaprep primer required | | | | | | | | **Application:** | | | | Internal  External | |
| **\*Residential** – In accordance with Vol 2 (class 1 and 10 buildings) Building Code of Australia. Constructions up to 3 levels above ground and greater than 100m from any salt water or surf line. | | | | | | | | **\*\*Commercial** – In accordance with Vol 2 (class 2 through 9 buildings) Building Code of Australia. | | | | | | | | |
| Articles Coated: | | |  | | | | | | | | | | | | | |
| Building Environment: As per category AS4312 | | C1-C3 Non Hazardous | | | C4 Swimming & leisure Pools/Light Industrial | | | | | | | C5-M Beachfront/ Marine | | | | |
| C3/T Tropical | | | C4 Coastal Environment | | | | | | | C5-I Heavy Industrial | | | | |

**Product Details**

Please state what products you are intending to order. At this stage you only need to provide technology i.e. D2015, D3000 etc. and whether the product is ex-stock range, made to order or MiniB orders. If you are using existing product, you do not need to complete a separate order form. State existing product details below.

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| **Ex-Stock Products** |  | **Made to Order** | |  | | **Mini B** | |  | | **Existing Stock** | | |  |
| **Product Name:** |  | | **Product Code:** | |  | | **Expected qty** | |  | | **Batch No**  (if using existing product) |  | |
| **Product Name:** |  | | **Product Code:** | |  | | **Expected qty** | |  | | **Batch No**  (if using existing product) |  | |
| **Metaprep Primer:**  (only required for Perforated Screens) |  | | **Product Code:** | |  | | **Expected qty** | |  | | **Batch No**  (if using existing product) |  | |

**Interpon Internal Use Only**

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| **Approved?** | | Yes | No | **Warranty Project No. Issued:** |  |
| **Requires modification (complete technical requirements comments below)** | | | | |  |
| Technical Requirements: | | | | | |
| **Name:** |  | | | | |
| **Title:** |  | | | | |
| **Signature:** |  | | | | |

**CLOSING OFF THE PROJECT**

You do not need to complete this section until you are ready to request a Warranty certificate. At the completion of your project, please complete the section below and fax/email/mail this form to your local Sales Manager to request your warranty certificate.

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| **Date:** |  | **Closing the Project (request for Warranty Certificate):** | Yes |
| Applicator Name: | |  | |
| Project Name: | |  | |
| **Interpon Sales Manager Signature:**  **(Email Approval will suffice)** | |  | |

Please ensure you use your dedicated warranty number on all future product requests for this project.

Please contact your Regional Sales Manager if you have any queries regarding this process.