



Spray Foam Outlets, llc
 PO Box 1182
 New Canaan, CT 06840
 Info@sprayfoamoutlets.com
 Phone: 1-855-362-6863

Warranty Application

Licensed Contractor:

 Exact Trade Name

 Telephone Number E-mail address

 Street Address City State Zip Country

Building/ Homeowner info :

 First Name Last Name

 Job Address Street City State Zip

 Home Number Fax Number Email

 Building Info (Home, Commercial, Industrial) Square Footage

 Job Start Date Job Completion Date

Confirmation of information accuracy and release of authority to verify

The licensed contractor ("Contractor") applying for this warranty, jointly and individually certifies that all the information in this warranty application is complete, factual, and understands that IglooFoam will rely on the accuracy of this information for the purpose of warranting its products. Spray Foam Outlets, LLC is hereby authorized to contact any parties listed herein and to verify any information contained in this warranty application. In the event the Contractor fails to pay for the products installed in this residence/building, the warranty becomes void.

Authorization:

 Authorized Signature Title Date Signed

Must email to info@sprayfoamoutlets.com no later than 10 days from job completion.

Products Used: (Please use a new number for each section sprayed)

1.

Where was the product installed (roofdeck, walls, rimjoist, etc.)

Product Name

Lot #'s Installed

R-Value Required

Thickness Installed

2.

Where was the product installed (roofdeck, walls, rimjoist, etc.)

Product Name

Lot #'s Installed

R-Value Required

Thickness Installed

3.

Where was the product installed (roofdeck, walls, rimjoist, etc.)

Product Name

Lot #'s Installed

R-Value Required

Thickness Installed

4.

Where was the product installed (roofdeck, walls, rimjoist, etc.)

Product Name

Lot #'s Installed

R-Value Required

Thickness Installed

* If more lines are need you may include an additional page

Authorized Sprayers

Please list all Igloo Foam Authorized Sprayers who worked on this job:

- | | | |
|----|-----------------------------------|------------------------------|
| 1. | <hr/> | <hr/> |
| | Please print Full name of sprayer | Date of training Certificate |
| 2. | <hr/> | <hr/> |
| | Please print Full name of sprayer | Date of training Certificate |
| 3. | <hr/> | <hr/> |
| | Please print Full name of sprayer | Date of training Certificate |
| 4. | <hr/> | <hr/> |
| | Please print Full name of sprayer | Date of training Certificate |
| 5. | <hr/> | <hr/> |
| | Please print Full name of sprayer | Date of training Certificate |

To become an authorized sprayer at no cost, please visit www.IglooFoam.com and visit the training link. This warranty requires that anyone spraying our foam must pass the free onlin training course once every two years.