



WARRANTY REGISTRATON APPLICATION

THIS FORM MUST BE COMPLETED WITHIN 30 DAYS FROM THE DATE OF COMPLETED INSTALLATION IN ORDER FOR WARRANTY TO BE VALID.
PLEASE COMPLETE THE FORM, THEN EMAIL YOUR SUBMISSION WITH THE COMPLETED FORM ATTACHED TO INFO@TITANFENCING.CA

CUSTOMER DETAILS

NAME OF PROPERTY OWNER _____ DATE _____

PHONE NUMBER _____ EMAIL _____

PRODUCT DETAILS

ADDRESS OF INSTALLATION

FENCE TYPE/STYLE _____

FENCE COLOUR _____

FENCE HEIGHT _____

FENCE LENGTH _____

INSTALLER INFORMATION

NAME OF INSTALLER _____

DATE OF INSTALLATION _____

BY SIGNING THIS FORM, YOU ACKNOWLEDGE AND AGREE TO THE TERMS AND
CONDITIONS OF TITAN FENCING'S WARRANTY

NAME (PRINTED) _____

SIGNATURE _____ DATE _____