



Requested by: _____

Company: _____

Contact info: _____

SANTAFE WARRANTY REGISTRATION FORM

Customer Name: _____

Job Address: _____

Tile Profile & Color: _____

Distributor Name: _____

Address &
Phone #: _____

Installation Date: _____

Santafe Invoice #: _____

Send warranty to: (Check one) Distributor: _____

Customer: _____

Warranty Number (For Santafe use only) _____

Note: *For the distributors*, please send copy of the commercial invoice sent to the customer. THANK YOU!!

PLEASE **fax form back** to Santafe Tile Corp.: **305 - 888 – 0050** in order for us to send original document.