

LEPAGE CERTIFIED INSTALLER PROGRAM

QUAD Window & Door System: Job Registration

Please fill out all required fields below to be officially registered for your QUAD® Window and Door System Warranty

| Registration Card Author | | |
|--|-------------|--|
| Name (first) | (last) | |
| | | |
| Email | | |
| Position/Role in Company | | |
| Builder Information | | |
| Company Name | | |
| Contact Person (first) | (last) | |
| Company Address | | |
| Company Phone Number | | |
| Email | | |
| Responsible LePage Certified Installer | | |
| Name (first) | (last) | |
| Phone Number | | |
| | | |
| Email | | |
| LePage Installer Number | | |
| | | |
| Property Information | | |
| Address (street, lot number (optional), city, province, zip) | | |
| Check Box for Type of Install 🛛 🗌 New Construction | Replacement | |
| Nate of Install | | |

Please Include Proof of Purchase, i.e. receipt, purchase order, picture of product

Questions? please call Henkel Consumer Relations at 1-800-624-7767 Mon-Fri 9:00AM-4:00PM EST.