



The Chemical Company

### BASF CORPORATION – WALL SYSTEMS Joint Sonolastic VLM 150 Warranty

The following information will be required to obtain a warranty or a letter of intent.

GENERAL INFORMATION				
Distributor/Brand				
System or Product				
Sealant Ln. Ft.		Amount used		Joint Size
Warranty Type				
Duration				

APPLICATOR INFORMATION	
Applicator Company Name	
Approved Applicator Number	

PROJECT OWNER INFORMATION	
Owner Name	
State/Province	
Address	
City	
Postal Code	
Country	

PROJECT INFORMATION	
Project Name	
Date of Substantial Completion	
State/Province	
Address	
City	
Postal Code	
Country	
Square Footage Installed	

The undersigned applicator/installer agrees to the conditions of this warranty and furthermore attests that the application/installation of the products or system covered by this warranty was done in accordance with the written requirements of the latest versions of the applicable SonoWall product technical bulletins, application procedures, and other respective data.

**THANK YOU FOR UTILIZING BASF WALL SYSTEMS**

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*Applicator Signature*

\_\_\_\_\_  
*Distributor Signature*