To:

Colleen Howard







Date:

rom:		
Subject:	Product Guarantee	Ref. No.:

Sika's Customer (Purchaser of product, with Customer Number if possible)	
Head Contractor	
Applicator/Installer	
Owner	
Project Name	
Size of Project (Example, LM, m³, m²)	
Application (Example Waterproofing, Flooring, Roofing, with description of the area)	
Sika Products Supplied (With Item Numbers & Colours)	
Quantity of product required to complete project (Number of kits, bags, rolls, etc, and Invoice or PO numbers)	
Completion Date	
Guarantee Period in Years	

ABN 12 001 342 329 55 Elizabeth Street, Wetherill Park NSW 2164 Australia P: +61 2 9725 1145 • F: +61 2 9725 2605 • aus.sika.com





