



THE REMEDY. THE GUARANTEE.

WHEREAS **ROOFING REMEDIES**®

OF **P.O. Box 49384 • Atlanta, GA 30359 • 404-879-6343**

herein called "The Contractor" has completed application of the following roof:

Owner: _____

Address of Owner: _____

Type & Name of Building: _____

Location of Building: _____

Area of Roof: _____

Type of Roof: _____

Date Completed: _____ Date Guarantee Expires: _____

Whereas, at the inception of such work the Contractor agreed to guarantee the aforesaid roof against faulty workmanship for a limited period and subject to the conditions herein set forth, that during a period of _____ from the day of completion of said roof, it will, at its own expense, make or cause to be made such repairs to said roof and composition flashing resulting solely from faults or defects in workmanship applied by or through the Contractor as may be necessary to maintain said roof in watertight condition. In no event shall **ROOFING REMEDIES**® be liable for consequential or incidental damages of any kind, including any damage to the building, its contents or any persons therein

In Witness Whereof, this instrument has been duly executed this

_____ day of _____, 19 _____

By _____

Accepted:

Signature of Owner:

ROOFING REMEDIES® • **877-780-6343**

P.O. BOX 49384 • ATLANTA, GA 30359

Please Note: Guarantee does not become valid until contract price is paid in full.