



20-YEAR LIMITED WARRANTY REGISTRATION

Project Name _____

Project Owner _____

Address _____

Contractor _____

Contractor Address _____

Contact _____

Phone Number _____

Fax _____

Date of Treatment _____

Board Footage/Square Footage _____

Fax or Mail to:

**Viance, Suite 350
200 East Woodlawn Road
Charlotte, NC 28217
Fax: 704-527-8232**

