



SMARTFLEX PIPING SYSTEM
30-YEAR WARRANTY APPLICATION FORM

TO BE COMPLETED BY THE INSTALLER (Please write clearly)

Installer Details

Name:

Address:

.....

.....

Distributor:

Site Details

Owner Name:

Site Name:

Site Address:

.....

Installation Date:

Installation

The material installed was delivered with delivery document no. _____ dated _____

I/we declare that the following actions were performed:

- The piping pressure test was performed [yes/no]
The grounding of metal components was checked [yes/no]
The pressure test report was printed [yes/no]
The installation welding report was downloaded/printed [yes/no]

(please enclose welding and check test reports)

I hereby certify that the above information is correct, that I am a certified SMARTFLEX installer (Smartcard no.) and that this installation has been carried out in accordance with the SMARTFLEX piping system installation procedures.

Installer's signature: Date:

I/we hereby give my/our consent to the use of my/our personal data relative to this installation according to art.13 and 23 of Italian Decree Law 196/2003

Installer's signature:

We acknowledge that the installation was checked before it was covered up:

Distributor's signature: Date:

Site engineer's signature: Date:

The Product Warranty only becomes effective upon completion and return of this form within 30 days of the site installation. Please return completed form to your Distributor or send to:

NUPI Americas, Inc. - 1511 Superior Way - Houston TX 77039 - U.S.

NUPI Americas, Inc.

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