



REQUEST

GUARANTEE CERTIFICATE

END CUSTOMER

Title/first name/surname:

Tel:

Email:

POSTAL ADDRESS

Street:

Postcode, town:

AGE GROUP

20-35

51-65

36-50

65+

PROPERTY ADDRESS

Street:

Postcode, town:

CONTRACTOR

Company name:

Street:

Postcode, town:

Tel:

Email:

COMPANY STAMP

	PRODUCT	QUANTITY	COLOUR/P.10	STUCCO/SMOOTH
Roof				
Façade				
Gutter				

INVOICE DATE

DD/MM/YYYY:

Please send the completed form to the following address:
PREFA Aluminiumprodukte GmbH, Werkstrasse 1, 3182 Marktl, Austria
or by email to: Kundenservice.at@prefa.com
or send us your details online at:
www.prefa.at/garantie