



CAST NATURAL STONE

50 YEAR LIMITED WARRANTY Registration Form

HOLDER OF WARRANTY (ORIGINAL PURCHASER)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

INSTALLER OR CONTRACTOR INFORMATION

Contractor/Installer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Date Stone Installed: _____

STONE INFORMATION:

Name of Stone Pattern: _____

Square Feet of flats installed: _____

Linear Feet of corners installed: _____

Date of Purchase: _____

Menards Store Where Purchased: _____

Date Codes on Boxes of Stone: _____

**Date Code is Located above Norse Building Products on the box label.*

Include copies of invoices when mailing in Warranty Registration Card

Send Warranty Registration form and copies of all invoices to:



Norse Building Products

PO BOX 126

536 Main St

Allenton, WI 53002-0126

Phone: (262) 629-9330