

# The M-Flex™ Warranty Registration Card



DETACH THIS CARD AND MAIL BACK TO NCS, INC.

Customer Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 M-Flex Installer Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Date of Installation \_\_\_\_\_

Number of chimneys lined with M-Flex: \_\_\_\_\_  
 Approx. height (in ft.) of each chimney: \_\_\_\_\_  
 Number of M-Flex liners: \_\_\_\_\_  
 (Note each chimney may have one or more liners)  
 Type of M-Flex Liners: 316L \_\_\_\_\_ AL294C \_\_\_\_\_ Heavywall \_\_\_\_\_  
 Type of appliances vented with M-Flex liners:  
 (Please indicate the number of each appliance type)  
 \_\_\_\_\_ Wood Stove \_\_\_\_\_ Fireplace Insert  
 \_\_\_\_\_ Fireplace \_\_\_\_\_ Gas or Oil Space Heater  
 \_\_\_\_\_ Gas Log \_\_\_\_\_ Pellet Stove  
 \_\_\_\_\_ Water Heater \_\_\_\_\_ Gas central heating system  
 \_\_\_\_\_ Oil central heating  
 \_\_\_\_\_ Other (please specify) \_\_\_\_\_  
 Type of insulation used around liners:  
 \_\_\_\_\_ Premier Mix \_\_\_\_\_ Premier Wrap  
 \_\_\_\_\_ Other (please specify) \_\_\_\_\_  
 \_\_\_\_\_ None  
 Chase Cover Size: \_\_\_\_\_  
 Premiere Top Size: \_\_\_\_\_

If you need information to fill out this form, please contact your M-Flex installer, call or write:  
 National Chimney Supply  
 Corporate Headquarters  
 280 Commerce St.  
 Williston, VT 05495  
 802-658-8898

**IMPORTANT:** Please complete and mail this card as soon as your liner is installed. This card will serve as proof of your purchase, should you misplace your original invoice.

# M-Flex™ Maintenance Record



After each annual inspection, maintenance and cleaning, have your chimney sweep or M-Flex installer fill out and date the appropriate section of this card.

RETAIN THIS CARD FOR YOUR RECORDS

Name \_\_\_\_\_  
 Date of installation \_\_\_\_\_  
 M-Flex installer \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

## NOTICE:

For each subsequent year, keep separate records of the required inspection, maintenance and cleaning.

National Chimney Supply  
 Corporate Headquarters  
 280 Commerce St.  
 Williston, VT 05495  
 802-658-8898

### YEAR 1 - Maintenance

Sweep/Installer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Work Done \_\_\_\_\_  
 Date \_\_\_\_\_

### YEAR 2 - Maintenance

Sweep/Installer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Work Done \_\_\_\_\_  
 Date \_\_\_\_\_

### YEAR 3 - Maintenance

Sweep/Installer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Work Done \_\_\_\_\_  
 Date \_\_\_\_\_

### YEAR 4 - Maintenance

Sweep/Installer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Work Done \_\_\_\_\_  
 Date \_\_\_\_\_

### YEAR 5 - Maintenance

Sweep/Installer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Work Done \_\_\_\_\_  
 Date \_\_\_\_\_

### YEAR 6 - Maintenance

Sweep/Installer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Work Done \_\_\_\_\_  
 Date \_\_\_\_\_

### YEAR 7 - Maintenance

Sweep/Installer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Work Done \_\_\_\_\_  
 Date \_\_\_\_\_

### YEAR 8 - Maintenance

Sweep/Installer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Work Done \_\_\_\_\_  
 Date \_\_\_\_\_

### YEAR 9 - Maintenance

Sweep/Installer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Work Done \_\_\_\_\_  
 Date \_\_\_\_\_

### YEAR 10 - Maintenance

Sweep/Installer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Work Done \_\_\_\_\_  
 Date \_\_\_\_\_