



Application for Warranty

Who Owns This Project?

Building Owner: _____
 Owner's Address: _____
 City, State, Zip: _____
 Email: _____
 Telephone: _____

Where is This Project?

Project Name: _____
 Project Address: _____
 City, State, Zip: _____

Who Applied the Product?

Applicators Name: _____
 Address: _____
 City, State, Zip: _____
 Email: _____
 Telephone: _____

Who Provided the Field Support? (Distributor)

Sales Reps Name: _____
 Store Name & Address: _____
 City, State, Zip: _____
 Email: _____
 Telephone: _____

Tell us About the Substrate and Indicate the Amount of Square Feet per Substrate?

	Square Footage		Square Footage		Square Footage
Smooth Block	_____	Split Faced Block	_____	Concrete	_____
Brick	_____	Stucco	_____	EFIS	_____
Metal	_____	Wood	_____		
Other:	_____				

Construction Type: New: ____ Repaint: ____ Horizontal: ____ Vertical: ____

Substrate Condition: New: ____ Old Uncoated: ____ Painted New: ____ Painted Old: ____

Other Observations _____

Tell us About the Material Used and Warranty Required?

	<u>Qty Applied</u>	<u>Warranty Needed</u>	<u>Est Coverage</u>
Rainguard Product: _____	_____	_____	_____
Rainguard Product: _____	_____	_____	_____
Rainguard Product: _____	_____	_____	_____
Rainguard Product: _____	_____	_____	_____

Coating Start Date: ___/___/___ **Completion Date** ___/___/___

In order to receive your warranty promptly, make sure you follow these simple guidelines:

- ✓ Provide proof of purchase
- ✓ Complete this form completely and fax it to the number indicated.
- ✓ Provide your email address

Information contained in this Request for Warranty is relied upon by Rainguard International in issuing a Limited Warranty and any misrepresentation, fraudulent statements or inaccurate information contained in this Request for Limited Warranty shall be cause for not issuing or canceling the Rainguard Limited Warranty.

We appreciate giving Rainguard the opportunity to serve you on this project.

Rainguard International

1079 Culpepper Drive
 Conyers GA 30094
 www.rainguard.com

FAX To: 949-675-3450

Submitted By: _____
 (Must be Applicator)

Company: _____

Date: _____ Email: _____