



WALL COATING

Warranty Application Form

General Information

Owner: _____
Contact Name: _____ Title (Position): _____
Phone: _____ Fax: _____ E-Mail: _____
Project Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Architect/Engineer: _____ Phone: _____
General Contractor: _____ Phone: _____

System Information

System Installed: _____
Completion Date: _____ Area (Square Feet): _____ New Construction Recoat
If the project is a "Recoat", provide coating manufacturer and type of coating: _____

Material Information

NOTE: This application WILL NOT be processed without the following material information placed in the chart below.

Product Number:				
Quantity(Gallons):				

Materials Purchased From (Name & Address): _____

Warranty Information

Length of Warranty: 1 Year 5 Years Other: _____
Type of Warranty: Material & Labor

Substrate Information

Concrete (Precast) Concrete (Cast-In-Place) Masonry Stucco EIFS Wood Metal

Other, Type: _____

Surface Preparation: _____

Sheet Flashing, Type: _____ Sealant, Type: _____ Patching Material, Type: _____

Age of Surface: 1 Year 1 Year or Over Applied By: Brush Roller Spray Hopper Gun

Warranties by Electronic Signature

To obtain and execute warranties digitally, please provide the information below. The digital option greatly expedites the warranty process. However, if you prefer to bypass this option, they will be processed via US mail.

Applicator Contact Name: _____ Email: _____

Owner Contact Name: _____ Email: _____

Signature (Officer of the Company) & Company Information

APPLICATOR CERTIFICATION: Applicator hereby represents and warrants that all of the information provided by Applicator is accurate and complete, and that the NEOGARD products have been applied and maintained in accordance with NEOGARD's recommendations and NEOGARD's written guide specification.

Note: Warranty requests submitted later than 90 days from date of substantial completion are subject to a third party inspection at cost to the Applicator. Please submit all warranties to warranty@neogard.com.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

NEOGARD Approval

Signature: _____ Date: _____

2728 Empire Central • Dallas, TX 75235 • Phone (214) 353-1600 • Email warranty@neogard.com