



FLOORING

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

NOTE: Each application is designated for one (1) installed system.

System Installed: _____
 Completion Date: _____ Area (Square Feet): _____ New Application 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) Metal Other, Type _____
 On Grade: Yes No % Exterior: _____ % Interior: _____
 Surface Preparation: Acid Etch Shot Blasted Sand Blasted Other: _____
 Moisture Detection Method: _____ Type of Traffic: _____
 Sheet Flashing, Type: _____ Joint Filler, Type: _____ Patching Material, Type: _____

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 to 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: _____

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