

WARRANTY APPLICATION FORM FOR NEVERFADE® COATINGS INSTALLATION

Please fill out the information below and submit back to sales@apvcoatings.com or fax it to 330.773.1028
This form must be signed and submitted to APV Engineered Coatings within 90 days of the completion of the job.

For Property Owner Use Only:

I have read and agree to the terms and conditions as stated in the NeverFade® Warranty:

X _____ DATE _____

PROPERTY OWNER INFORMATION:

Printed Name: _____

Street Address of Property: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

For Contractor/Applicator Use Only:

I have read and agree to the terms and conditions as stated in the NeverFade® Warranty. I agree to the following information reported below in regards to the NeverFade® and associated systems application as an APV Engineered Coatings® Pro-X Certified Contractor/Approved Applicator and have followed the guidelines for surface preparation and application requirements as outlined in the Field Coatings Guide:

X _____ DATE _____

PAINT CONTRACTOR/APPLICATOR INFORMATION:

Job Foreman/Applicator: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Email: _____

Project Dates: From: _____ To: _____ Time(s) of Application: _____

of Gallons of NeverFade® purchased: _____ Item Code: _____

Date Purchased/PO Reference Number: _____

of Gallons of NeverFade® applied: _____ Wet Mil Thickness: _____

Method of application (check all that apply): Brush: ___ Roller: ___ Spray Gun: ___ Equipment Info: _____

Applied (Check One): Primer: ___ Sealer: ___ Other: ___ None: ___

Name of Primer and/or Sealer (if used): _____

of Primer and/or Sealer Gallons applied: _____ Wet Mil Thickness: _____

Type of Substrate(s): _____

Structure Condition (check one): New Construction: ___ Previously Painted: ___

Surface Condition Notes/Additional Information:

Weather conditions: _____

