



Warranty Certificate Request Form

5-year Limited Material Warranty

Name of Project: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Applicator Firm: _____

Distributor: _____

General Contractor: _____

Square Footage: _____

Substrates (check all that apply)

- Brick
- Concrete
- Masonry
- Other _____

ReCote
(Colors & Lot Numbers)

Date of Completion/Warranty Start Date (required): _____

Submitted By:

(name)

(company)

Date: _____

Warranty Routing*

- Distributor Email: _____
- Fax to Distributor

* Master Wall will either email or fax warranties to the distributor at their request. The distributor will then forward the warranties to the requesting applicator.

Master Wall Sales Representative: _____

(Signature & date)

Master Wall Technical Representative: _____

(Signature & date)

[Click to Email to Master Wall](#)

email to: tech@masterwall.com, Fax 734-433-0930