



Warranty Checklist

BUILDING NAME: _____

BUILDING ADDRESS: _____

OWNER'S NAME: _____

OWNER'S SIGNATURE: _____

OWNER'S PHONE NUMBER: _____ FAX: _____

BUILDINGS PRINCIPLE USE: _____ AGE: _____

EXISTING SURFACE/ SYSTEM & AGE: _____

JOB SIZE (Sq.Ft.): _____ START DATE: _____ COMPLETION: _____

PRODUCT(S) USED: _____

RATE OF APPLICATION/ NUMBER OF COATS: _____

TOTAL GALS USED: _____

WHERE PURCHASED: _____ P.O.#: _____

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR PHONE: _____ FAX: _____

CONTRACTOR SIGNATURE: _____ DATE: _____

WARRANTY REQUESTED: _____

WARRANTY CHARGE: _____

EMAIL ADDRESS: _____

Fax **WARRANTY CHECKLIST** and **RECEIPTS FOR ALL KARNAK PROUDCTS USED** to KARNAK TECHNICAL SERCVIVES at 732-388-9422 or email warranty@karnakcorp.com or smartinez@karnakcorp.com . Failure to not include copies of receipts will delay warranty from going out.