

# IDEAPAIN: WARRANTY REGISTRATION FORM



TRAINING PRE-INSTALL DATE: \_\_\_\_\_

SALES CONTACT: \_\_\_\_\_

DISTRIBUTOR/STORE: \_\_\_\_\_

CONTRACTOR COMPANY: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

A&D FIRM: \_\_\_\_\_

PRODUCT(S) USED: CHECK ALL THAT APPLY

CONTACT NAME: \_\_\_\_\_

IDEAPAIN CLEAR

IDEAPAIN MAG

EMAIL: \_\_\_\_\_

MAGNETIC PRIMER

IDEAPAIN PULL

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IDEAPAIN WHITE

ATTACH INVOICE IF POSSIBLE

PROJECT NAME: \_\_\_\_\_

INSTALLATION DATE: \_\_\_\_\_

LOT NUMBER: \_\_\_\_\_

PRODUCT PROCURED: \_\_\_\_\_

LOCATION OF PURCHASE: \_\_\_\_\_

NUMBER OF PRODUCT PURCHASE: \_\_\_\_\_

NUMBER OF MATERIAL USED: \_\_\_\_\_

NUMBER OF WALL / SURFACES: \_\_\_\_\_

TOTAL PROJECT SQUARE FOOTAGE: \_\_\_\_\_

JOB SPEC  YES  NO

## APPLICATION PROCESS

PRIMER USED / NUMBER OF COATS: \_\_\_\_\_

TOP COAT USED / NUMBER OF COATS SHEEN: \_\_\_\_\_

TIMEFRAME OF PRIOR COAT BEFORE APPLICATION OF IDEAPAIN PRODUCT: \_\_\_\_\_

ROLLER COVER TYPE: \_\_\_\_\_ NUMBER OF COVERS USED: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_