



# Warranty Registration Card

Consumer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Dealer Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

ACE Certified  
Contractor Name \_\_\_\_\_  
ACE ID # \_\_\_\_\_  
Date of Job \_\_\_\_\_  
Size of Job \_\_\_\_\_

(Square feet)

In which room(s) was WearMax product applied?  
\_\_\_\_\_

(required for warranty) Batch #'s \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(located on label by the use by date)

### Product involved (check all that apply):

- Universal Sealer                       Universal Primer
- Starting Line Topcoat
- TopLine Topcoat
- Formula One Shield                       Formula One Armor
- Professional Primer                       Professional High Build Sealer
- Professional Adhesion Primer
- Professional Shield                       Professional Armor

### Please indicate sheen of Shield/Topcoat applied:

- Matte/Commercial     Satin     Gloss

### What was the application?

- New Floor                       Re-sand                       Re-Coat

### Why did you choose WearMax Finish?

- Price                       Warranty                       Quality

### How did you become aware of the WearMax Finish?

- Advertisement     Contractor     Friend
- Other \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail to:  
KraGil Inc.  
34099 Pioneer Ave  
Center City, MN 55012



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