Master Wall® Warranty Request Form

Project Name: ________________________________________________________________

Project Address: ______________________________________________________________

Project City: _________________________________________________________________

Project State: _____ Zip Code: _______ Country: _________________

Building Use Type: _______________________________

Applicator Firm: ________________________________________________

Applicator Certificate Number: ________________________

Master Wall Inc.® Distributor: _________________________________________________

General Contractor: _________________________________________________________

Architect: __________________________________________________________________

Approximate Square Footage: ______________________________

Submitted by: _________________________________ Email: _________________________

Warranty Start Date/Completion Date: ___________________

We finish strong.
masterwall.com
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Systems Used: ________________________________________________________________

Special Warranty Term: ________

Substrates: ________________________________________________________________

Secondary Water Barrier: ______________________________________________________

System Attachment: ___________________________

Insulation Type and Modifications: _____________________________________________

Drainage Spacers: __________________________________________________________

Insulation Thickness Used: __________

Base Coat - For EIFS or Direct-Applied Systems: ______________________________________

Stucco Bases - for Stucco Systems: ______________________________________________

Stucco Thickness: ________________

Mesh Types - Fiberglass Mesh for EIFS and Direct Applied Systems: ________________

Lath Used - with Stucco Systems: _______________________________________________

Finishes, Coatings & Primers: _________________________________________________

Lot Numbers and Colors: _____________________________________________________

Comments/Work by Other Trades To Be Completed, etc.: ___________________________

Additional Quikrete® Information/Product Use

Quikrete® Bags used on Project: _______________ Quikrete® Total dollar value sold: _________

Total Value of Project that Quikrete® Product was used on: ________________________

Email completed forms to tech@masterwall.com or fax to 706-569-6704. The warranty will be processed and sent to the Master Wall® Distributor noted above.