

## Master Wall<sup>®</sup> 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.<sup>®</sup> Distributor: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Architect: \_\_\_\_\_

Approximate Square Footage: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Email: \_\_\_\_\_

Warranty Start Date/Completion Date: \_\_\_\_\_



## Master Wall® Warranty Request Form

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](mailto:tech@masterwall.com) or fax to 706-569-6704. The warranty will be processed and sent to the Master Wall® Distributor noted above.

