

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: _____



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. The warranty will be processed and sent to the Master Wall® Distributor noted above.

