



# FLOORING

Warranty Application Form

## General Information

Owner: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Title (Position): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Project Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Architect/Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

## System Information

**NOTE: Each application is designated for one (1) installed system.**

System Installed: \_\_\_\_\_  
 Completion Date: \_\_\_\_\_ Area (Square Feet): \_\_\_\_\_  New Application  Recoat  
 If the project is a "Recoat", provide coating manufacturer and type of coating: \_\_\_\_\_

## Material Information

**NOTE: This application WILL NOT be processed without the following material information placed in the chart below.**

Product Number:					
Quantity (Gallons):					

Materials Purchased From (Name & Address): \_\_\_\_\_

## Warranty Information

Length of Warranty:  1 Year  5 Years Other: \_\_\_\_\_  
 Type of Warranty:  Material & Labor

## Substrate Information

Concrete (Precast)  Concrete (Cast-In-Place)  Metal  Other, Type \_\_\_\_\_  
 On Grade:  Yes  No % Exterior: \_\_\_\_\_ % Interior: \_\_\_\_\_  
 Surface Preparation:  Acid Etch  Shot Blasted  Sand Blasted Other: \_\_\_\_\_  
 Moisture Detection Method: \_\_\_\_\_ Type of Traffic: \_\_\_\_\_  
 Sheet Flashing, Type: \_\_\_\_\_ Joint Filler, Type: \_\_\_\_\_ Patching Material, Type: \_\_\_\_\_

## Warranties by Electronic Signature

To obtain and execute warranties digitally, please provide the information below. The digital option greatly expedites the warranty process. However, if you prefer to bypass this option, they will be processed via US mail.

Applicator Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Owner Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature (Officer of the Company) & Company Information**

**APPLICATOR CERTIFICATION:** Applicator hereby represents and warrants that all of the information provided by Applicator is accurate and complete, and that the NEOGARD products have been applied and maintained in accordance to NEOGARD's recommendations and NEOGARD's written guide specification.

**Note: Warranty requests submitted later than 90 days from date of substantial completion are subject to a third party inspection at cost to the Applicator. Please submit all warranties to [warranty@neogard.com](mailto:warranty@neogard.com).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**NEOGARD Approval**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2728 Empire Central • Dallas, TX 75235 • Phone (214) 353-1600 • Email [warranty@neogard.com](mailto:warranty@neogard.com)