



Please fill in this Registration Form to apply for a

Quickwall Manufacturers Warranty 7 Year – Acrylic Base Product

<p>APPLICATOR DETAILS</p> <p><input type="checkbox"/> Name of Applicator/Contractor</p> <p><input type="checkbox"/> Contractors License Number: _____ Date of Expiry: _____</p>
<p>CUSTOMER DETAILS</p> <p><input type="checkbox"/> Name:</p> <p><input type="checkbox"/> Address:</p> <p>CONTACT NUMBERS</p> <p><input type="checkbox"/> Ph:</p> <p><input type="checkbox"/> Fx:</p> <p><input type="checkbox"/> M:</p>
<p>JOB DESCRIPTION</p> <p><input type="checkbox"/> Job Site Address:</p> <p><input type="checkbox"/> Area m2:</p> <p><input type="checkbox"/> Substrate:</p> <p><input type="checkbox"/> Materials Used On Project & Quantities:</p> <p>Polymer</p> <p>Skimcoat</p> <p>Texture</p> <p>Additional Products</p>
<p>BUILDERS DETAILS</p> <p><input type="checkbox"/> Name:</p> <p><input type="checkbox"/> Company:</p> <p><input type="checkbox"/> Contact Number:</p> <p><input type="checkbox"/> Address:</p> <p>Signature of Builder:</p>

This product was applied in accordance with Quickwall Specifications
Full monies to be paid within 7 days from receipt of warranty or warranty shall be considered void.

SIGNED BY APPLICATOR.....

Please return to Quickwall by **fax: +61 7 4031 2316**

.....OFFICE USE ONLY.....