



Limited Warranty Request Form

Date of Request: _____

Contractor/Applicator: _____

Project Name & Address: _____

Project Owner Name & Address: _____

Project type: _____

Substrate(s): _____

Surface Prep to be performed: _____

VersaFlex System: Primer - _____
 Topcoat(s)- _____
 Other - _____

Amount of material used: _____

Price per gal. of material used: _____

Specifically what is being warranted: _____

Length of warranty desired: _____

Additional notes: _____

Please submit any photos, plans & specs along with form, if applicable. Submit completed form to bill@versaflex.com. Please provide contact information for follow up questions, details, etc. Once reviewed, notification of warranty to be issued when project completed will be provided. Cured spray samples are to be sent to KC office for physical property analysis (approx. 12"x 12" in size, 100 mils or less). A sample is to be submitted for each day spray work occurs and from each machine used.