



## WARRANTY CHECKLIST

BUILDING NAME: \_\_\_\_\_

BUILDING STREET ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S SIGNATURE: \_\_\_\_\_

OWNER'S PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

BUILDINGS PRINCIPLE USE: \_\_\_\_\_ AGE: \_\_\_\_\_

EXISTING SURFACE / SYSTEM & AGE: \_\_\_\_\_

JOB SIZE (Sq. Ft.): \_\_\_\_\_

SUBSTANTIAL COMPLETION DATE (WARRANTY START): \_\_\_\_\_

PRODUCT(S) USED: \_\_\_\_\_

RATE OF APPLICATION / NUMBER OF COATS: \_\_\_\_\_

TOTAL GALS USED: \_\_\_\_\_

WHERE PURCHASED: \_\_\_\_\_ P.O.#: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

CONTRACTOR STREET ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

CONTRACTOR PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTRACTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WARRANTY REQUESTED: \_\_\_\_\_

WARRANTY CHARGE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please Email WARRANTY CHECKLIST and RECEIPTS FOR ALL KARNAK PRODUCT(S) USED to KARNAK TECHNICAL SERVICES: [warranty@karnakcorp.com](mailto:warranty@karnakcorp.com) or [smartinez@karnakcorp.com](mailto:smartinez@karnakcorp.com)  
Failure to not include copies of receipts will delay warranty from going out.