

For a warranty to be obtained, the job MUST be registered before application by calling 800-4GRAFFITI (800-447-2334). After the material has been applied in accordance with the manufacturers guidelines, a warranty request form may then be submitted for review.



This Stuff Works, Inc.

Acryli-Master Warranty Request Form

Complete and Fax or Email to: (925) 443-5209 or dana@TSWwarehouse.com

Contractor/Applicator Information	
Your Name, Job Title, and Phone Number	
Business Name	
Lead Applicator's Name	
Business Phone and Fax	
Email	
Business Address (street number, street name, city, state, and zip)	
Date Registered with TSW, Inc.	
Job Information	
Job Name	
Job Address (street number, street name, city, state, and zip)	
Contact Name	
Telephone Number	
Bid Specification Number and date of submittal (if applicable)	
Total Number of Square Feet Protected	
Scope (Describe in as much detail as possible the surface(s) protected)	
Which Acryli-Master Product(s) was used?	<i>TSW4 Semi-Gloss or TSW8 Matte</i>
Total Number of Gallons Used	
Number of Coats Applied	
Applied with (circle all that apply):	<i>Airless Sprayer – Roller – Brush</i>
Job Start Date	
Job Completion Date	

Purchase Information

Store Name and Number	
Store Address	
Store Telephone and Fax	
Salesperson	
Salesperson Contact Number/Email	
Number of Gallons Purchased for this Job (less returns)	
Date Purchased	

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to issue a TSW Acryli-Master™ Limited Warranty upon successful review by the Manufacturer. Furthermore, I hereby authorize the Manufacturer and Seller to verify information listed in this application and to release necessary information to verify the information contained herein.

Contractor/Applicator Signature _____

Date _____

Warranty Receipt Information

(Check all that apply)

- Please Mail Copy of Issued Warranty to:

Attn: _____

- Email Copy of Warranty to: _____

- Please Fax Copy of Warranty to: (____) ____ - _____, Attn: _____

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