

# CANYON TONE CLEAR FIVE (5)-YEAR LIMITED PRODUCT WARRANTY EXPLANATION

The enclosed properly completed Warranty Request Form is required by UNITED COATINGS in order for the **Five (5)-Year CANYON TONE CLEAR** Product Warranty to be issued:

## 1. The Warranty:

**UNITED COATINGS WARRANTS ITS PRODUCTS TO BE FREE FROM MANUFACTURING DEFECTS IN MATERIAL AND WORKMANSHIP FOR A PERIOD OF 5 YEARS FROM DATE OF PURCHASE.**

This warranty is not to be used for any other purpose unless specifically approved in writing by an officer of UNITED COATINGS.

## 2. Warranty Request Form:

- A. When the job is complete, the coating applicator must submit the Warranty Request Form to UNITED Headquarters for issuance of the Warranty.
- B. The properly complete Warranty Request Form by the Applicator certifies the application to be in accordance with UNITED'S current published application instructions.

MAIL TO:  
UNITED COATINGS  
E. 19011 Cataldo  
Spokane Valley, WA 99016

Warranty Number: \_\_\_\_\_

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

ATTENTION WARRANTY DEPARTMENT

**WARRANTY REQUEST FORM FOR  
FIVE (5)-YEAR CANYON TONE CLEAR  
LIMITED PRODUCT WARRANTY PROGRAM**

1. Name of Project: \_\_\_\_\_

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

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

2. Name of Applicator: \_\_\_\_\_

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

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

3. Name of Architect: \_\_\_\_\_

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

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

4. Owner of Building: \_\_\_\_\_

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

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

5. Type of Substrate: \_\_\_\_\_

6. Surface Preparation: \_\_\_\_\_

7. Gallons Used: \_\_\_\_\_ Area Coated

10. Method of Application: \_\_\_\_\_ Type of Equipment: \_\_\_\_\_

11. Date Application Commenced: \_\_\_\_\_ Date Completed: \_\_\_\_\_

12. Date Printed on **CANYON TONE CLEAR** Application Instructions: \_\_\_\_\_

I hereby certify that the above information is correct and that this coating application is in accordance with UNITED'S current published Technical Data/Application Instructions as stated. I agree to the terms and conditions of UNITED COATINGS' **CANYON TONE CLEAR 5-Year** Limited Product Warranty which may be issued pursuant to this Warranty Request Form.

Applicator

\_\_\_\_\_

(Signature)

\_\_\_\_\_

Printed Name



# CANYON TONE CLEAR 5 YEAR LIMITED PRODUCT WARRANTY

NAME OF PROJECT		DATE OF COMPLETION		
ADDRESS	CITY	STATE	ZIP	PHONE
CERTIFIED CONTRACTOR				
ADDRESS	CITY	STATE	ZIP	PHONE

**UNITED COATINGS WARRANTS ITS PRODUCTS TO BE FREE FROM MANUFACTURING DEFECTS IN MATERIAL AND WORKMANSHIP FOR A PERIOD OF 5 YEARS FROM DATE OF PURCHASE.**

- A. In the event of a manufacturing defect, **UNITED COATINGS** shall supply sufficient material at no charge to replace the defective material, which shall be purchaser's exclusive remedy. In the event of a product failure, written notice must be received by **UNITED** by certified mail within thirty (30) days after discovery. Failure to give notice within this specified time shall terminate **UNITED'S** responsibility under this warranty.
- B. The Applicator must apply the coating material in strict accordance with **UNITED'S** current published instructions covering surface preparation, coating application and precautions. **UNITED** does not warrant product applied after expiration of its shelf life, or the workmanship of the Coatings Applicator.
- C. If the Coatings Applicator or the Owner of the structure fails to make payment to **UNITED** and/or its Distributor, this Warranty shall be void.
- D. **UNITED WILL NOT BE LIABLE FOR ANY LABOR OR FOR DIRECT, INDIRECT, CONSEQUENTIAL, INCIDENTAL, SPECIAL, OR GENERAL DAMAGES OF ANY KIND FROM WHATEVER CAUSE WHICH MAY ARISE AS THE RESULT OF PROVEN DEFECTIVENESS OF A UNITED PRODUCT, EXCEPT TO SUPPLY UNITED COATING MATERIAL IN ACCORDANCE WITH THIS WARRANTY.**
- E. **THIS IS THE SOLE WARRANTY ISSUED BY UNITED AND IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR USE.**

United Coatings Spokane Valley, Washington	Certified Applicator
_____ Authorized Signature	_____ Authorized Signature
_____ Printed Name	_____ Printed Name