

It's all about performance.

» AUTOMOTIVE FILMS

Warranty Repair Claim Form

SELECT: Automotive Clearshield Installed Boxed Tools

» CUSTOMER INFORMATION

Name _____
Address _____
City/State/Zip _____
Phone _____
E-Mail _____

» WARRANTY SERVICING DEALER INFORMATION

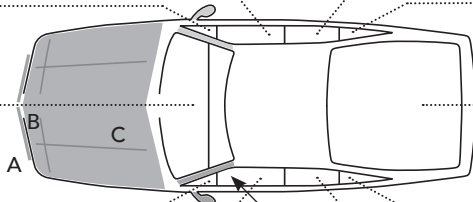
Owner/Manager _____
Company Name _____
Address _____
City/State/Zip _____
Phone _____ E-Mail _____

» VEHICLE AND DEFECTIVE FILM INFORMATION

Vehicle Identification # (VIN) _____ Year _____ Make _____ Model _____
Original Film Installation Date _____ Original Film Installation Fee (excluding tax) _____

2-door 3-door 4-door
 5-door 6-door

» PRODUCT DEFECT DESCRIPTION - Describe the film defect

Original Roll #	Product Description		Original Roll #	Product Description
Original Roll #	Product Description		Original Roll #	Product Description
Original Roll #	Product Description		Original Roll #	Product Description
Original Roll #	Product Description		Original Roll #	Product Description
Original Roll #	Product Description		Original Roll #	Product Description
Original Roll #	Product Description		Original Roll #	Product Description

» CLEARSHIELD WARRANTY REPAIR INFORMATION (Shaded areas above letters A-D)

Indicate the area involved and describe the defect below

Warranty Repair Service Date _____
Clearshield Purchase Invoice# _____

A. Fender _____
B. Bumper _____
C. Hood _____
D. Side Mirrors _____
Other: _____

» REPLACEMENT FILM WARRANTY REPAIR INFORMATION

Warranty Repair Service Date _____

New Film Type _____
New Film Type _____

New Film Roll # _____
New Film Roll # _____

» TOOL REPLACEMENT INFORMATION

Product Description	Model	Qty	Defect

Warranty Document Tracking # (office use only) _____

» JOB COMPLETION CERTIFICATION

Submit this completed form with a copy of the customer's original warranty, original invoice and replacement invoice (boxed film: include a copy of the invoice) and include an 8" x 10" sample of the defective film within 45 days after the warranty work has been performed. I hereby certify the warranty repair claim as described above is true, accurate and complete and the work has been completed and all parties have been satisfied.

Customer Signature _____ Date _____ Dealer Signature _____ Date _____

» Mail to:
Solar Gard ATTN: Warranty Service Department
4540 Viewridge Avenue, San Diego, CA 92123

