

AQUASEAL STAIN WARRANTY REQUEST FORM

MONOPOLE, INC
U.S. SPECIALTY COATINGS
4661 ALGER ST., LOS ANGELES, CA 90039
TEL: (818) 500-8585 FAX: (818) 502-0818



(Must be completed by Applicator/Contractor)

PROJECT NAME: _____

ADDRESS: _____

SUBSTRATE QUESTIONS

Please Check The Following That Apply To The Substrate:

Surface Coated: New Recoat Walls Other _____

If Recoat, specify type and age of coating _____

Substrate: Concrete Block Tilt-ups Stucco Wood Other _____

CONCRETE: Tilt-ups Poured-in-Place Other _____

BRICK STUCCO EIFS Other _____

BLOCK: Split Face Smooth Fluted Other _____

Condition of Surface: New Old/Coated Old/Uncoated Chalking Other _____

Surface Preparation (Specify): _____

Surface Conditioner/Primer/Block Filler Used: _____

APPLICATION QUESTIONS

Product Name: _____

What Type of Stain Used: _____
(SEMI-TRANSPARENT or OPAQUE / REGULAR or WATERPROOF)

Qty of Product Used: _____ Amount of Square Feet: _____

Qty of Product Used for the 1st Coat: _____ Qty of Product Used for the 2nd Coat: _____

Was Aquaseal ME12 Used: _____ Qty Used (gallons): _____

Primary Color Used: _____

Method of Application: _____

Weather Conditions during Application: _____

Starting Date: _____ Completion Date: _____

I hereby certify that the above information is correct and that this stain application was done according to MONOCHEM current published Technical Data/Application Instructions as stated. I agree to the terms and conditions of MONOPOLE'S AQUASEAL STAIN _____ Year Limited Product Warranty which may be issued to this Warranty Request Form.

Applicator Signature

Monopole Authorized Signature

Date: _____

Date: _____

For all warranty requests, please fill-out the Warranty Information Page.

