



APPEARANCE PROTECTION CLAIM FORM

In order to process your claim quickly and efficiently, please fill out all of the fields in detail. If you have any questions concerning this form or its requirements, please call the Warranty Services Department at 800.707.9292

Personal Contact Information

Name:
Address:
City, State, Zip:
Phone:
Fax:
Email:

Vehicle Information

Year Model:
Vehicle Make:
Model Type:
Exterior Color:
Interior Color:
Dealership Name:

Warranty Registration Information

Prefix:
Number:
Serial Number:

The prefix letter(s) and number are located at the top right corner of your Customer Registration Form. Your serial number is the last 6 digits of your VIN and can be located on your Customer Registration Form.

Check all areas that are Affected

- Paint, Fabric, Vinyl, Leather, Undercoat, Rust, Windshield with checkboxes

Today's Date : Date you first noticed damage :

Describe, in detail, the cause and location on the vehicle, of each damage :

Describe, what attempts you have done to remedy the damage:

Mail Form To: Cal-Tex Protective Coatings, Inc. c/o Warranty Services 7455 FM 3009 Schertz, Texas 78154

Contact Information: Fax Forms To : 210.564.3296 Email Forms To : claim@ctpc.com Contact dept. : 800.707.9292