

Limited Transferable Automotive Warranty Plus

Ultra Performance/Plus Quantum® HP Supreme Galaxie™ HP Charcoal Plus UltraGard UV*

| | | | | | | | | | |
|----------|----------|----------|----------|----------|---------|---------|---------|---------|--|
| | | | | | | | | | |
| 10 years | 10 years | 10 years | 10 years | 10 years | 7 years | 5 years | 5 years | 7 years | |
| No | Yes | Yes | No | No | Yes | Yes | No | No | |
| Yes | Yes | Yes | Yes | Yes | No | No | No | No | |

A

Name: _____
 Address: _____
 City: _____ Country: _____ Postal Code: _____
 Telephone number: _____ Daytime telephone: _____

B

Name/Company name: _____
 Address: _____
 Address: _____
 City: _____ Country: _____ Postal Code: _____
 Telephone number: _____

C

Film Location/Type:
 Sunstrip _____ Front side windows _____
 Rear side windows _____ Back window _____
 Miscellaneous _____
 Roll Number: _____
 Date of installation: _____

D

Make: _____ Model: _____
 Year: _____ VIN # (last 6 digits): _____

Total Invoice (exclude tax): _____
 Sales tax: _____
 Total: _____

I hereby acknowledge that I have read the terms of this warranty, and I agree to the terms and conditions of this warranty. I acknowledge that this warranty is not valid unless signed below.

Customer signature: _____ Date: _____
 Dealer signature: _____ Date: _____

