

## Window Film Warranty Claim Form

### Dealer Information

Date: \_\_\_\_\_ Dealer Claim Reference #: \_\_\_\_\_  
 Dealer Name: \_\_\_\_\_ Dealer ID: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Distributor: \_\_\_\_\_

### Customer Information \*A picture or PDF of the end user's warranty will be accepted in lieu of filling the customer fields below.

Customer Name: \_\_\_\_\_ Warranty ID #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email (optional): \_\_\_\_\_ Phone: \_\_\_\_\_

### Warranty Claim Information (Choose One)

Type of Claim:	<small>(Film needs to be sent back to Accent)</small> Film Only <small>Total Sq Ft of Complaint Material</small>	<small>(Customer Warranty or eWarranty Id is required)</small> Standard/Customer	<small>(Original Install was done by another dealer)</small> Non-Standard
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Date of original installation \_\_\_\_\_

Product VLT Size Run/Lot Numbers  
 Product VLT Size Run/Lot Numbers

### Description of Problem (\*\*Choose Only One\*\*)

**Bubbles**                      **Delamination**                      **Tunneling**                      **Other (describe below)**  
Includes adhesive issues & peeling  
Includes fingers, fisheyes, lifting, champagne issues  
**Lines**                      **Creasing/Cracking**                      **Color** \*

\* not all films warranties cover color issues.

### Automotive Labor Rates

Auto Make & Model:	Year:	VIN #:	
	# of windows replaced	Amount of payout	Square feet replaced
Windshield	\$70 each X	=	
Front roll-downs	\$20 each X	=	
Rear roll-downs	\$20 each X	=	
Wings	\$10 each X	=	
Permanents	\$10 each X	=	
Back glass	\$70 each X	=	
Non-Standard	\$50		
<b>Totals</b>			

I certify that the above information is true and accurately represents the work performed to replace originally installed 3M™ Window Films on this date.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Installer/Dealer Signature: \_\_\_\_\_ Date: \_\_\_\_\_