

Automotive Warranty Claim Instructions

Film Only

- Film has to be returned to Accent before a film only claim can be processed with 3M. Attach the claim form to the roll being returned.

Processing Steps:

1. Request call-tag from Accent Distributing for film to be returned.
2. Accent submits paperwork to 3M.
3. 3M randomly request samples to have film tested and film is shipped to 3M's lab for testing. Report of lab analysis is forwarded to Accent.
4. Accent is notified that warranty has been approved/not approved.
 - a. If warranty is denied then an email will be sent to you describing why and if additional information is required to resubmit.
5. Accent receives credit memo from 3M.
6. Accent issues credit to dealer.

Customer/Standard and Non-standard

- A Valid Dealer Id is required to process a customer warranty
- A customer Warranty Card or valid eWarranty Claim # must be included
- Keep a small 6" x 10" section of the defective film in case 3M wants to test the film
- Non-standard, select non-standard warranty for the type claim type
 - Non-standard warranties get an extra \$50 in labor and \$3/sq ft for film.

Submit Claim:

Mail to: Accent Distributing
Attn: Warranty Dept
4123 Clark Road, Sarasota FL 34233

Email to: Warranty@AccentDistributing.com

Fax to: 941-296-7353

Processing Steps:

1. Send completed form with customer warranty card/eWarranty # to Accent.
2. Accent submits paperwork to 3M.
3. 3M randomly request samples to have film tested and film is shipped to 3M's lab for testing.
 - a. A small sample 6" x 10" might be requested from 3M for analysis so please retain until credit has been approved.
4. Accent is notified of the warranty outcome.
 - a. If warranty is denied then an email will be sent to you describing why and if additional information is required to resubmit.
5. Accent receives credit memo from 3M.
6. Accent issues credit to dealer.

Film Only Claim

Dealer Id is your Dealer/SAP # located on any invoice



Window Film Warranty Claim Form

Automotive

Dealer Information

Date: Dealer Claim Reference #:
 Dealer Name: Dealer ID:
 Address:
 City: State: Zip Code: Distributor: **Accent Distributing**

Fill out dealer information

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:

Select "Film Only" and enter the amount (Square Feet) of film being returned

Warranty Claim Information (Choose One)

Type of Claim: **Film Only** (Film needs to be sent back to Accent) Standard/Customer (customer Warranty or eWarranty id is required) Non-Standard (Original install was done by another dealer)

Date of original installation:
 Product: VLT: Size: Run/Lot Numbers:
 Product: VLT: Size: Run/Lot Numbers:

Film type, size and run number

Description of Problem

Bubbles Delamination Tunneling Other (describe below)

Lines Creasing/Cracking Color

Type of problem

Automotive Labor Rates

Auto Make & Model: Year: License #:

			# of windows replaced		Amount of payout	Square feet replaced
Windshield	\$70 each	X	<input type="text"/>	=	<input type="text"/>	<input type="text"/>
Front roll-downs	\$20 each	X	<input type="text"/>	=	<input type="text"/>	<input type="text"/>
Rear roll-downs	\$20 each	X	<input type="text"/>	=	<input type="text"/>	<input type="text"/>
Wings	\$10 each	X	<input type="text"/>	=	<input type="text"/>	<input type="text"/>
Permanents	\$10 each	X	<input type="text"/>	=	<input type="text"/>	<input type="text"/>
Back glass	\$70 each	X	<input type="text"/>	=	<input type="text"/>	<input type="text"/>
Non-Standard	\$50		<input type="text"/>	=	<input type="text"/>	<input type="text"/>
Totals			<input type="text"/>		<input type="text"/>	<input type="text"/>

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:

Dealer sign and date

Mail to: Accent Distributing
 Attn: Warranty Dept
 4123 Clark Road, Sarasota FL 34233

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Note:

Film has to be returned to Accent before a film only claim can be processed with 3M. Attach the claim form to the roll being returned.

All film can be returned to:

Accent Distributing
4123 Clark Road
Sarasota, FL 34233

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Standard/Customer Claim

Dealer Id is your Dealer/SAP # located on any



Window Film Warranty Claim Form

Automotive

Dealer Information

Date: Dealer Claim Reference #:
 Dealer Name: Dealer ID:
 Address:
 City: State: Zip Code: Distributor: **Accent Distributing**

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: (Film needs to be sent back to Accent) Film Only (Customer Warranty or eWarranty id is required) Standard/Customer (Original Installation done by another dealer) Non-Standard

Date of original installation:
 Product: VLT: Size: Run/Lot Numbers:
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Description of Problem
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Totals			<input type="text"/>		<input type="text"/>	<input type="text"/>

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:

Put customer last name as reference #

Fill out dealer information

Fill Out customer information

Select this if this is a customer that the installation was done by another dealer.

Select this if this is a customer that you originally did the installation.

Indicate what type of film, VLT, Size and include run/lot #

Indicate the main problem, please only select 1

Fill out the make/model, year and license #

Indicate what warranty work was done and **make sure to include sq ft of material so that you get reimbursed for it.**

Customer signs and dates
Dealer signs and dates

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