

Product Warranty Claim Form

Claimant: Please fill out this claim form in its entirety and return it to Siskin Enterprises, Inc. at the address listed below. Your claim will not be initiated until this claim form is properly submitted. **It is recommended that you keep a copy of the form for your records.**

INCOMPLETE CLAIM FORMS WILL BE RETURNED FOR COMPLETION

CUSTOMER INFORMATION

Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Country: _____

Primary Number: _____
 Secondary Number: _____
 Fax: _____
 E-Mail: _____

By providing your email address, you agree to receive claim documents electronically.

WARRANTY INFORMATION

Warranty Number: _____

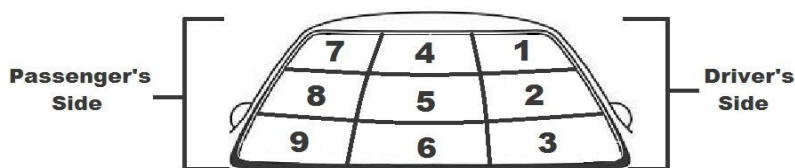
The Warranty Number is comprised of the alpha-numeric identifier located at the top right corner of your PermaPlate Warranty Registration Form.

VEHICLE INFORMATION

Make: _____ Model: _____ Year: _____
 VIN: _____ Current Mileage: _____
 Date of Purchase: _____ Purchasing Dealership: _____

CLAIM INFORMATION

Today's Date: ____/____/____ Date you first noticed the damage: ____/____/____



Indicate the area(s) of damage based on the figure above: _____

(i.e. I have damage to zones 1 and 2)

Describe the damage (i.e. chip, crack, size, etc.): _____

IN ORDER TO EXPEDITE YOUR CLAIM, PLEASE ATTACH A PHOTOCOPY OF BOTH SIDES OF YOUR WARRANTY REGISTRATION FORM AND/OR PICTURES OF THE DAMAGE

I am aware that Siskin Enterprises, Inc. relies on the information and statements above. I hereby certify that the above statements are complete and accurate to the best of my knowledge. Any fraudulent statements may result in the denial of your claim and future related claims.

Claimant Signature: _____ **Date:** ____/____/____