

SISKIN ENTERPRISES, INC.

Manufacturer of PermaPlate Products

P.O. Box 58, Salt Lake City, Utah 84110 • Toll Free: (800) 453-8470

PERSONAL CONTACT INFORMATION

Name: _____

Address: _____

City, _____

State, _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

VEHICLE INFORMATION

Year Model: _____

Vehicle Make: _____

Model Type: _____

VIN Number: _____

Exterior Color: _____

Interior Color: _____

Current Odometer: _____

WARRANTY REGISTRATION INFORMATION

Prefix: _____

Number: _____

Purchase Date: _____

Today's Date: _____

The prefix letter(s) and number are located at the top right corner of your *PermaPlate Warranty Registration Form*.

Dealership Name: _____

CHECK ALL AREAS THAT ARE AFFECTED & INDICATE DATE(S) FIRST NOTICED DAMAGE:

NOTE: Date(s) (MM/DD/YEAR) will be required in order to process claim.

Paint __/__/__ Fabric __/__/__ Vinyl/Leather __/__/__ Undercoat __/__/__ Rust __/__/__

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

Describe what attempts you have made to remedy the problem:

Describe any type of regular maintenance or routine car care used on your vehicle?

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 will result in invalidity of warranty

Claimant Signature: _____ Date: _____