

PermaPlate Company, LLC

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: _____

Current Odometer: _____

WARRANTY REGISTRATION INFORMATION

Prefix: _____

Number: _____

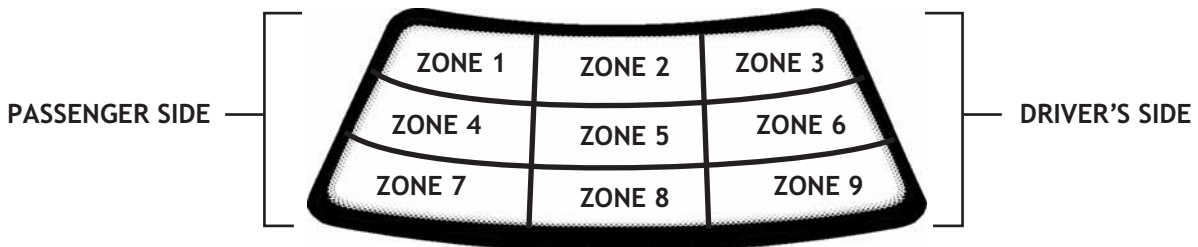
Purchase Date: _____

Date damage incurred: _____

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

Dealership Name: _____

Describe, the damage to the windshield in detail (i.e. chip, star, crack, size, etc.) and how the damage was sustained:



Indicate the area(s) of damage to the windshield based on the above figure: (i.e. I have damage to zones 1 and 2.)

I am aware that PermaPlate Company LLC, 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 _____