



APPEARANCE PROTECTION CLAIM FORM

In order to process your claim quickly and efficiently, please fill out all the fields in detail. If you have any questions concerning this form or its requirements please call the Warranty Services Dept. 800.707.9292

Personal Contact Information

Name : _____
Address : _____
City, State, Zip: _____
Phone : _____
Fax : _____
Email : _____

Vehicle Information

Year Model : _____
Vehicle make : _____
Model Type : _____
Exterior Color : _____
Interior Color : _____
Dealership Name : _____

Warranty Registration Information

Prefix : _____
Number : _____
Serial Number : _____

The prefix letter(s) and number are located at the top right corner of your **Customer Registration Form**. Your serial number is the last 6 digits of your VIN number and can be located on your **Customer Registration Form**.

Check All Areas That Are Affected

Paint Fabric Vinyl Leather Undercoat Rust

Today's Date : _____ Date you first noticed the damage : _____

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

Describe what attempts you have done to remedy the damage :

Mail Form To :
Cal-Tex Protective Coatings, Inc.
C/O Warranty Services
7455 FM3009 Schertz, Texas 78154

Contact Information :
Fax Forms To : 210.564.3296
E-Mail Forms To : claim@ctpc.com
Contact dept. : 800.707.9292