



The Maxisil System Warranty
Pre Application Survey Form

Application No.....Intended Job Date...../...../.....

Applicators Name.....

Application Address.....

Description of Application:

Width of joint.....Depth of joint.....Length of Flank.....

Grout Product to be used.....

Adhesive Product to be used.....

Internal.....External.....

Type of Substrate to be used:

<input type="checkbox"/>	Ceramic	<input type="checkbox"/>	Porcelain	<input type="checkbox"/>	Other please specify
<input type="checkbox"/>	Stone	<input type="checkbox"/>	Marble	

Recommended product & application procedure:

To complete the submission of this warranty application, product batch numbers & primers (if used) are to be submitted to: info@maxisil.com along with a photo of the tube and the original purchase invoice.

Maxisil
55 Lakewood Boulevard
CARRUM DOWNS VIC 3201
Tel: 1300 157 207
info@maxisil.com
maxisil.com