



WARRANTY INFORMATION FORM

Select product used:

- OxiSeal® Concrete Sealer OxiSeal® Asphalt Shingle Sealer OxiSeal® Algae & Mold Preventer
- OxiSeal® Polished Concrete OxiSeal® Matte Multi-Floor Sealer OxiSeal® Gloss Multi-Floor Sealer

Project square feet of treated surface: _____ Quantity used: _____

Date of application: _____ Please describe treated surface (Concrete tile, clay tile, shingle roof, concrete, vinyl siding, VCT tile, terrazzo, etc.) : _____

Was OxiOne® All Purpose Cleaner used before applying sealer? Yes No

Product purchased at (Supplier name): _____

Address: _____ Phone no. _____

Proof of purchase copy must be attached listing name, address, phone no., quantity, and date of purchase.

Proof of purchase paid receipt included



7 YEAR WARRANTY for the prevention of algae & mold growth, turning yellow or brown*

The following is made in lieu of all other warranties express or implied: Seller's and manufacturer's only obligation shall be to replace such quantities of the product proved to be defective. Neither the seller nor manufacturer shall be liable for any injury, loss or damage, direct or consequential, arising out of the use or the inability to use the product. Before using, user shall determine the suitability of the product for his intended use and user assumes all risk and liability whatsoever in connection therewith. The foregoing may not be altered except by agreement signed by the officers of seller and manufacturer. Must present proof of purchase.

*Excessive wear, pressure washing and harmful chemical use on treated surfaces will void the 7 year warranty for the prevention of algae & mold growth, turning yellow or brown. Does not include intensity or reflection of surfaces. Must be applied by a professional certified applicator, and used in compliance with written instructions/specifications and maintenance procedures.

Any treated areas that do not receive a minimum of 1 hour of sunlight or artificial light in a 24 hour period are considered maintenance areas and will not be covered under this warranty.

METAL ROOFS: 5 YEAR WARRANTY for the prevention of algae & mold growth, turning yellow or brown*

Contractor name: _____

Building owners name: _____

Contractor address: _____

Building address: _____

Contractor phone no.: _____

Phone no.: _____

Installer contact name: _____

Signature: _____

Signature: _____

Please fill out this warranty form and return to:

SIMIX SURFACE SOLUTIONS, LLC, 9180 Prairie Village Drive, Kenosha, WI 53142
1-262-948-0567 or Toll-free 1-800-977-4649

Before and after photos are recommended.
Photos can be attached or e-mailed to
scaniglia@simixsolutions.com
www.simixsolutions.com