

# Mont Quartz Warranty Registration



MontSurfaces.com

## Customer Contact Information:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Product Information:

Material Name: \_\_\_\_\_

Lot/Slab Number(s): \_\_\_\_\_

Installer/Company Name: \_\_\_\_\_

Installer's Phone Number: \_\_\_\_\_

Installer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Area of Installation (such as kitchen island, vanity, etc.): \_\_\_\_\_

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_