



### 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. 844.704.0329

Rev.150601

#### Personal Contact Information

#### Vehicle Information

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

Year Model : \_\_\_\_\_

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

Vehicle make : \_\_\_\_\_

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

Model Type : \_\_\_\_\_

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

Exterior Color : \_\_\_\_\_

Fax : \_\_\_\_\_

Interior Color : \_\_\_\_\_

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

Dealership Name : \_\_\_\_\_

#### Check All Areas That Are Affected

Paint

Fabric

Vinyl

Leather

Today's Date : \_\_\_\_\_

Date you first noticed the damage : \_\_\_\_\_

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

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Describe what attempts you have done to remedy the damage :

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#### Mail Form To :

SurfaceCARE  
C/O Warranty Services  
7455 FM 3009 Schertz, Texas 78154

#### Contact Information :

Fax Forms To : 210.586.4437  
E-Mail Forms To : claims@SurfaceCAREprotect.com  
Warranty Services: 844.704.0329