



VEXCON
CHEMICALS, INC.

Concrete solutions for architects, engineers and builders since 1974
888-839-2661 | sales@vexcon.com | 7240 State Road | Philadelphia, PA 19135 vexcon.com

Date:

Project Name and Address:

General Contractor: (Include all project related contacts)

Applicator/Sub Contractor: (Include all project related contacts)

Building Owner: (Include all project related contacts)

Products(s):

Application: (Please be specific and include surface preparation, equipment used in applying each product, time and dates of each application, weather conditions if applicable, concrete finish, area size and amount of specific product(s) applied.) Attach additional pages if needed.

Completion Date:

TILT-UP COMPATIBILITY **LIMITED COMPATIBILITY WARRANTY**

Vexcon Chemicals warrants to the owner that all Vexcon Tilt-Up companion products are 100% compatible. This warranty covers compatibility only and does not cover product(s) performance. Each product specific warranty, if applicable, will apply to the performance of said product(s). Refer to product warranty requirements for individual component product(s).

For each product utilized in the tilt-up project, material must be applied in accordance to manufacturer's instructions. It is the responsibility of the contractor to follow all directions and requirements as outlined in each current Vexcon product data sheet and any other supporting documentation. (Note: For each product used in the project as well as any supporting documents, the responsible contractor must initial and return each product data sheet to Vexcon Chemicals. Failure to do so renders this warranty null and void.)

In the event a product(s) fails as deemed by Vexcon to be due to incompatibility, as the exclusive remedy for any breach of this limited warranty, Vexcon Chemicals will (a) conduct an investigation, (b) develop a repair strategy and (c) arrange for you to receive a refund of your purchase price for the product(s) that did not perform as a result of incompatibility.

This limited warranty extends only to conditions arising due to the fault of material compatibility and does not extend to any other conditions deemed by Vexcon to have caused said incompatibility. Any claim under this limited warranty must be presented during the limited warranty period 30 days after final application of StarSeal PS and within 14 days after any covered condition has occurred. Notice shall be in writing to Vexcon Chemicals, 7240 State Road, Philadelphia, PA., 19135.

Vexcon Chemicals makes no other limited warranties whatsoever with respect to any materials sold thereunder, except that such materials shall conform to Seller's physical specifications therefor in effect at the time of shipment and Buyer acknowledges that it is relying upon no other warranty.

THIS LIMITED WARRANTY IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, THOSE CONCERNING MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. THIS LIMITED WARRANTY IS ALSO IN LIEU OF ANY OTHER POSSIBLE LIABILITIES OF VEXCON, WHETHER ALLEGED TO ARISE BY AGREEMENT OR BY OPERATION OF LAW. RESPECTING THE SALE, APPLICATION, USE OR FUNCTION OF VEXCON" PRODUCTS, INCLUDING BUT NOT LIMITED TO CLAIMS OF NEGLIGENCE, GROSS NEGLIGENCE, STRICT LIABILITY OR ANY OTHER TORT. IN NO EVENT SHALL VEXCON BE LIABLE FOR PERSONAL INJURY OR PROPERTY DAMAGE, REAL OR PERSONAL, ATTRIBUTED TO ITS PRODUCTS, NOR FOR ANY EXCAVATION, REMOVAL, REAPPLICATION, DOWNTIME, CLEANUP, LOSS OF USE, LOSS OF OPPORTUNITY, LOSS OF MARKET VALUE, LOSS OF RENTAL, VALUE OR FOR ANY LOSS OF PROFITS OR OTHER SPECIAL, INCIDENTAL, RESULTING, CONSEQUENTIAL OR EXEMPLARY DAMAGE.)

Authorized by:
Vexcon Chemicals

Authorized signors (N/A for not applicable)

By (print): Darryl Manuel By (sign): _____ Date: _____
Title: President

Distributor
By (print): _____ By (sign): _____ Date: _____
Title: _____

Building Owner
By (print): _____ By (sign): _____ Date: _____
Title: _____

General Contractor:
By (print): _____ By (sign): _____ Date: _____
Title: _____

Applicator (Sub) Contractor:
By (print): _____ By (sign): _____ Date: _____
Title: _____