

[Name of Painting Contractor]
[address of Painting Contractor]
[phone / fax / pager numbers]

LIMITED LABOR WARRANTY

CUSTOMER:

Name:			
Contact Person (if customer is a business):			
Billing Address:			
Business Phone:		Fax Number:	
Cell Phone:		Home Phone:	
Project Address:			
Project Completion Date:			

Limited ___-Year Warranty

For a period of _____ years from the Project Completion Date shown above, the Contractor will repair any newly applied paint which may blister or peel as a result of a defect in workmanship free of labor charge.

This Limited Warranty covers workmanship only. Paint and other materials are expressly NOT covered under this Limited Warranty. For details on warranties applicable to paint, please refer to the manufacturer's warranty.