



**The Maxisil System Warranty**  
**Pre Application Survey Form**

Application No.....Intended Job Date...../...../.....

Applicators Name.....

Application Address.....

**Description of Application:**

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Width of joint.....Depth of joint.....Length of Flank.....

Grout Product to be used.....

Adhesive Product to be used.....

Internal.....External.....

**Type of Substrate to be used:**

|                          |         |                          |           |                          |                      |
|--------------------------|---------|--------------------------|-----------|--------------------------|----------------------|
| <input type="checkbox"/> | Ceramic | <input type="checkbox"/> | Porcelain | <input type="checkbox"/> | Other please specify |
|                          |         |                          |           |                          | .....                |
| <input type="checkbox"/> | Stone   | <input type="checkbox"/> | Marble    |                          |                      |

**Recommended product & application procedure:**

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To complete the submission of this warranty application, product batch numbers & primers (if used) are to be submitted to: [info@robertsdesigns.com.au](mailto:info@robertsdesigns.com.au) along with a photo of the tube and the original purchase invoice.