

# JADE CERAMIC COATINGS



All Fields Must Be Filled Out

Installer/Business Name: \_\_\_\_\_

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

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

Date of Ticket Creation: \_\_\_\_\_

Date of Service Completion: \_\_\_\_\_

Mileage at Date of Completion: \_\_\_\_\_

## ***Services Performed:***

### **Ceramic Paint Coating:**

2-year JADE™ ICE

3-year JADE™ PRO

4-year JADE™ QUARTZ

5-year JADE™ QUARTZ PRO

### **Scratch Removal**

JADE™ A65 Fabric Protectant

JADE™ A63 Glass Sealant

JADE™ Trim Sealant

JADE™ Headlight Sealant

JADE™ Quartz Wheel Sealant

VIN: \_\_\_\_\_

Make: \_\_\_\_\_

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

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

*Additional Notes:*