

WALLMAX LIQUID LAMINATE WAIVER

Job / Quote #: _____ Job Name: _____

By its signature _____ hereto, agrees to waive the option to receive the recommended WallMax liquid laminate. WallMax is a Type II Certified protective top-coating that significantly increases the stain & abrasion resistance, UV protection, and fire retardance of digitally printed wallcoverings.

It is understood _____ that acknowledges this is a custom product and therefore is non-refundable. In the event any action is brought against 4walls related to the _____ stain and/or abrasion resistance of the finished product, _____ agrees to defend, hold harmless and indemnify 4walls against any causes of action, liability, damages or costs of any kind or nature.

Signature _____ Date _____

Name Printed _____ Title _____

Please return this completed form to:
Contract Support Account Manager
Phone: 216.432.1400 x.122
Fax: 216.432.1500
Email: contractsupport@4walls.com