

Mactac® Vehicle Application Inspection Report

Job Description:

Graphics Printer:

Name: _____

Address: _____

Contact/Phone #: _____

Purchased Media From: _____

Graphics Installer:

Name: _____

Address: _____

Contact/Phone #: _____

Vehicle Owner:

Company/Name: _____

Address: _____

Contact/Phone #: _____

Vehicle Inspection:

 attach additional sheets for more vehicles.

Vehicle Make & Model: _____

Vehicle VIN #: _____

Did vehicle pass pre-inspection test? _____

List problem areas: _____

Date of installation: _____

Films used: _____

Coverage (full/partial) _____

(Attach photos)

Please return to MACtac Graphics:

MACtac Graphics

mactacgraphics@mactac.com

c/o Graphics Technical Marketing

Manager

Subject line: Vehicle Wrap warranty
inspection report

Signatures:

Printer: _____

Graphics Installer: _____

Vehicle Owner: _____

Date: _____

Vehicle Inspection:

Vehicle Make & Model: _____

Vehicle VIN #: _____

Did vehicle pass pre-inspection test? _____

List problem areas: _____

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Films used: _____

Coverage (full/partial) _____

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