

SANUVOX

WARRANTY REQUEST FORM

E mail to: ronnie@sanuvox.com

Date: _____

Fax to: 888-582-6475

DISTRIBUTOR INFORMATION

Company Name: _____ Phone: _____

Street Address: _____

City: _____ State/Prov: _____ Zip/PC: _____

Reference/Call# (will appear on credit memo): _____

Submitted by: (Name) _____

Email: _____

DEALER INFORMATION

Company Name: _____ Phone: _____

Street Address: _____

City: _____ State/Prov: _____ Zip/PC: _____

UNIT/PART INFORMATION

Unit Model Number: _____

Failed Part Number: _____

Unit Serial Number: _____

Failed Part Serial #: _____

Date Installed: _____

Date of Repair: _____

Date Failed: _____

REQUIRED DOCUMENTS TO BE SUBMITTED WITH EACH REQUEST

1. Proof of Purchase: (Contractor invoice from Distributor)

2. For failed lamps submit 2 pictures: 1st showing full picture of lamp, 2nd showing picture of lamp part & serial numbers.

WARRANTY STATUS (Sanuvox portion)

Approved: Credit Memo #

Note:

*Field scrap parts require 60 day hold

Denied:

Reason:

Pending: RMA #

Further Action:

If requested, return parts with copy of this form to:

US returns: Sanuvox Technologies 1 UPS Way #A1109, Champlain, NY 12919

Canada returns: Sanuvox Technologies 146 rue Barr, St-Laurent, Quebec, Canada H4T 1Y4

Credit will be issued - less freight - upon approval - Warranty claims valid for 60 days.