



WARRANTY CLAIM FORM

We are committed to developing the highest quality products in the industry and welcome consumer feedback that can assist us in achieving this goal. Given our dedication to customer service, we warrant our products to their **original owner** with proof of purchase (**from an authorized dealer**) against defects in fabrication and materials:

WHAT IS COVERED UNDER THIS WARRANTY:

Defects in material and workmanship which occur within the duration of the warranty period.

Normal wear and tear, damage caused by improper assembly, improper maintenance or installation of parts or accessories not originally intended for use (or incompatible) with the product is **not** covered by this warranty. Euroquip does **not** warranty against failure or damage due to accident, misuse, abuse or neglect.

DURATION: The manufacturer warrants that it will repair, at no charge for parts or labour, during the following time period after date of original retail purchase: Any modification to the product, voids this warranty in its entirety.

RESPONSIBILITIES OF WARRANT OR UNDER THIS WARRANTY:

Repair or replace, at Warrantor's option, products or components which have failed within duration of the warranty period (No warranty claims will be considered without a proof of purchase provided)

All claims under this warranty must be made through an authorized Euroquip service agent and must include printed or digital photographs (JPEG or PDF format) illustrating the problem along with the required claim information.

Euroquip – WARRANTY CLAIM FORM

<p>CUSTOMER'S NAME <input style="width: 90%;" type="text"/></p> <p>ADDRESS <input style="width: 90%;" type="text"/></p> <p>CITY/TOWN ZIP/POSTAL CODE <input style="width: 60%;" type="text"/> <input style="width: 60%;" type="text"/></p> <p>CUSTOMER'S TELEPHONE # CUSTOMER'S EMAIL <input style="width: 60%;" type="text"/> <input style="width: 60%;" type="text"/></p> <p>DATE PURCHASED INVOICE NUMBER <input style="width: 60%;" type="text"/> <input style="width: 60%;" type="text"/></p> <p>PURCHASED AT (Name of Retailer) <input style="width: 90%;" type="text"/></p> <p>RETAILER'S ADDRESS: <input style="width: 90%;" type="text"/></p> <p>CITY/TOWN ZIP/POSTAL CODE <input style="width: 60%;" type="text"/> <input style="width: 60%;" type="text"/></p>	<div style="border: 1px solid #ccc; height: 150px; margin-bottom: 10px;"></div> <p>NATURE OF PROBLEM <i>(please describe as accurately as possible given the space provided)</i></p> <p>TYPE OF USE <i>(please choose one):</i></p> <p><input type="checkbox"/> Domestic <input type="checkbox"/> Industrial</p>
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