sauermann®
NA CORP

Product Warranty Validation Form

Dear Customer: Before we can validate and process your claim, the information on this form must be filled out completely. (Serial Number(s) MUST be entered & are located on the label attached on the pump body)

Fax form to: 631-234-7605

Once approved by **Tara Heinecker** the pumps must be returned to our office at:

Sauermann NA Corp, 415 Oser Avenue, Suite P, Hauppauge, NY 11788

Thank you.

COMPANY NAME :_____ DATE :_____

CONTACT NAME AND JOB TITLE :_____

PHONE : _____ FAX : _____

ADDRESS TO SEND REPLACEMENT PUMPS _____

_____

_____

DATE PURCHASED FROM SAUERMANN NA CORP:_____

PUMP MODEL & VOLTAGE	SERIAL NUMBER	PUMP DEFECT

OFFICE USE ONLY

REFERENCE:

INVOICE #: INVOICE DATE:

415 Oser Avenue, Suite P, Hauppauge, NY 11788
Phone: (631) 234-7600 Fax : (631) 234-7605
www.sauermannpumps.us