

**End Users:** Please complete all areas marked in red. **Authorized Warranty Repair Center:** Please complete all areas marked in blue.

**Note:** Please pack the item securely. Do not send the Pipe Supports with the saw.

Date Shipped  Date Recieved

Registered On-Line: Yes  No  One year warranty  Two years warranty

**End User Contact Information:**

Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State / Province: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 eMail Address: \_\_\_\_\_

**Authorized Warranty Repair Center Information:**

Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State / Province: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 e- mail Address: \_\_\_\_\_  
 Technician Name: \_\_\_\_\_

Exact Product Type:  Serial number:  Date of Purchase:

**Failure reported by end user:**

Please return the saw blade that you were using at the time of failure. Please also include the type of pipe you were cutting

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Failure found by Authorized Warranty Repair Center.** Please add photos of the broken parts / machines.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Authorized Warranty Repair Center considers this repair case as warranty: Yes  No  Repair Number:

**Spare parts used**

Part n:o	Description	Pcs

**Warranty costs**

The price of labor / hour \_\_\_\_\_  
 Number of hours worked \_\_\_\_\_  
 Spare parts costs \_\_\_\_\_  
 Return transportation costs \_\_\_\_\_  
 Other costs \_\_\_\_\_  
**Warranty costs total** \_\_\_\_\_

Date Shipped to end user