



Product Warranty Validation Form

Before we can validate and process your claim, this form must be filled out completely.

Serial Number(s) MUST be entered
They can be found on the label attached on the pump body

Fax form to: 631-234-7605 or email to: tom.reilly@sauermanngroup.com
Once approved by **Thomas Reilly** the pump(s) must be returned to our office at:
Sauermann NA Corp., 415 Oser Avenue, Suite P, Hauppauge, NY 11788

DATE: _____

COMPANY: _____

CONTACT: _____ TITLE: _____

PHONE: _____ FAX: _____

ADDRESS TO SEND REPLACEMENT PUMPS

DATE PURCHASED FROM SAUERMANNA NA CORP: _____

PUMP MODEL & VOLTAGE

SERIAL NUMBER

PUMP DEFECT

<u>PUMP MODEL & VOLTAGE</u>	<u>SERIAL NUMBER</u>	<u>PUMP DEFECT</u>

OFFICE USE ONLY

REFERENCE:

INVOICE #:

INVOICE DATE: