

**End Users:** Please complete all areas marked in red.

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

Please note: Pack the item(s) securely. Do not send the Pipe supports with the saw.

Date Shipped  Date Received

### 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: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Technician name: \_\_\_\_\_

Exact Product Type:  Serial number:  Date of Purchase:   
The pipe type being cut at the time of failure:

### Failure reported by End User:

### Failure found by Authorized Warranty Repair Center.

*Please add photos of the broken parts / machines.*

*Please return the saw blade that you were using at the time of failure.*

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

### Spare parts used

Part n:o	Description	Pcs

Repair Number:

### Warranty costs

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

Your invoice/reference #

Date Shipped to end user