

**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**