



ELBI WARRANTY CLAIM FORM

Please fill in the Warranty Claim Form in its entirety and fax it to Elbi to obtain RGA#

RGA #

TANK REPLACED		REPLACEMENT TANK	
Serial Number:		Serial Number:	
Model:	Date code:	Model:	Date code:
DISTRIBUTOR:		INSTALLER:	
Address:		Address:	
City:	ST:	City:	ST:
Zip:		Zip:	
Phone #	Fax #	Phone #	License #

TANK INSTALLATION INFORMATION			
Date purchased	Date installed	Date of failure	System Application – Brief Description

DESCRIPTION OF THE FAILURE
Comments: _____ _____ _____ _____ _____ _____

__ RETURN TANK FOR INSPECTION __ SCRAP TANK, MAIL LABEL FOR WARRANTY CONSIDERATION

REPRESENTATIVE'S INSPECTION NOTES		
Rep Signature _____	Date inspected: _____	Field inspected (Y/N):

ELBI PRODUCTION / QC INSPECTION		
Date inspected	Comments:	
Inspector:	Factory Defect : <input type="checkbox"/>	Customer Defect : <input type="checkbox"/>

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