

To: Bauer Pileco Inc.  
111 Berry Rd.  
Houston, TX 77022

Tel. 713-691-3000  
Fax 713-691-0089  
e-mail warranty@bauerpileco.com

From: User: \_\_\_\_\_ Company name/Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Tel./Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Agent/Dealer: Company name/Address: \_\_\_\_\_

Purchase Order No.: \_\_\_\_\_

## REQUEST FOR WARRANTY CONSIDERATION

### 1. Product Information

Total number of pages of claim: \_\_\_\_\_

Model: \_\_\_\_\_ Serial. no.: \_\_\_\_\_ Year of Manufacture.: \_\_\_\_\_ Engine hours: \_\_\_\_\_

Rig operator: Name: \_\_\_\_\_ Operator license #: \_\_\_\_\_

Current location of equipment (postal address): \_\_\_\_\_

Warranty Start Date: \_\_\_\_\_ Date malfunction discovered: \_\_\_\_\_

2. B-Tronic existing  Yes  No

### 3. Details of malfunction and repair

Please list damaged or defective items and state their part numbers (Use separate sheet if needed)

Name of malfunctioning item	Part number and Serial Number (if applicable)	Quantity

Remarks (symptoms, causes, position of malfunctioning items, repairs made: use additional sheets if needed):

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

### 4. Parts Shipment Information

Shipment method desired: \_\_\_\_\_

Delivery address: \_\_\_\_\_

Contact Name and Phone no: \_\_\_\_\_

Information for pro forma invoice: \_\_\_\_\_

\_\_\_\_\_  
**Date**                      **Name of Applicant**                      **Signature**                      **Company**  
(please print)

### 5. For internal use only – (to be completed by Bauer/BPI)

Request for consideration approved:  Yes  No

In case of later rejection, the customer will be invoiced the costs.

If yes, give order number: \_\_\_\_\_ If no, give reasons: \_\_\_\_\_

Further reports: \_\_\_\_\_

Further actions: \_\_\_\_\_

Return of malfunctioning items by: \_\_\_\_\_

Send B-Tronic Backup

\_\_\_\_\_  
(Signed by authorized Bauer/BPI employee)