

SANI-TECH SYSTEMS, INC. WARRANTY AUTHORIZATION REQUEST FORM

TO BE FILLED OUT BY SERVICE REPRESENTATIVE

Service Company: _____

Company Name: _____

Location of compactor: _____

Serial #: _____ Model #: _____ Installation date: _____

Date of claim: _____

Description of Problem: _____

Apparent Cause: _____

Recommended Remedy: _____

_____ by: _____

TO BE FILLED OUT BY FACTORY

Claim #: _____ Date _____ Potential Warranty Yes [] No []

Approved remedy: _____

Authorized labor hours: _____ Authorized travel: _____

Authorized parts: _____

Misc: _____

Total repair: \$ _____ Authorized by: _____

All parts will be invoiced by the company. **Credit on invoice will not be given without the return of the authorized original copy of claim form along with defective part(s) to Sani-Tech Systems, Inc. after work is completed.**