

Renewable Water Heating

1. Claim must be submitted within 30 days of failure.

3. All parts must be sent back to the factory unless otherwise instructed.

2. Fill out one claim form for each unit.

Claim Pending Inspection:

Claim Denied:

SunPump Solar Inc. 1815 Settler Road. Qualicum Beach, BC. V9K 2R6

Phone: 866-855-2017
Fax: 866-855-8982
Emial: info@sunpump.solar

Claim Number:

For Office Use Only

Warranty Claim Form

4. Explain a 5. All return	and attach ns are to be	all invoices. e freight prepaid.					RMA N	RMA Number:		
Copy of	completed	Warranty Claim Form to be						•	•	
7. If goods	are found	non defective under warranty	y terms, a s	\$50.00 sur	charge is	applicable.				
Date:		Filled Out By:								
Installer Nam	ie:						•			
Address:			City:			State:			Zip:	
Customer Na	me:									
Address:			City:			State:			Zip:	
			UN	IT that	failed					
Model:	Model:		Serial Number:			Date of			rchase:	
Date of Repair:		Date of Failure:								
	Descr	iption of failure / Erro	r Code -	Reaso	n for cr	edit (DO	<i>NOT</i> u	se defe	ctive)	
									• • •	
	Darte	Panlacad							For Office	a Llea Only
Quantity Part Number			Description						For Office Use Only Approved Amount	
Quantity		i ait ivallibei			Description			Арріочец		Amount
								Tota	al	
01: : 14: 1								100		
Shipping Me	ethod			Contact:						
Signature			Date							
Signatu										
For SunP	ump Of	fice Use Only								
Claim Approved:				Approved By:						

Date:

Signature: