



WARRANTY CLAIM FORM

PLEASE PRINT CLEARLY.

DISTRIBUTOR INFORMATION		DATE
COMPANY OR NAME (LAST, FIRST)	ACCOUNT NUMBER	
STREET ADDRESS (INCLUDE APARTMENT NUMBER, IF APPLICABLE)		
CITY/TOWN		
PROVINCE/STATE	POSTAL CODE/ZIP	COUNTRY
PHONE NUMBER (WITH AREA CODE)	EMAIL ADDRESS	

PRODUCT & SITE INFORMATION		
MODEL/SERIES	SERIAL No.	ORIGINAL DATE OF PURCHASE
COMPANY OR NAME (LAST, FIRST)		
STREET ADDRESS (INCLUDE APARTMENT NUMBER, IF APPLICABLE)		
CITY/TOWN		
PROVINCE/STATE	POSTAL CODE/ZIP	COUNTRY

FAULT DESCRIPTION
<p>REASON FOR REPAIR - Along with description, photo(s) or video of the fault is required to help identify the issue.</p>

Send Warranty Claims to:

Tersano Inc.

3440 North Talbot Road, Oldcastle, ON, N0R 1L0

Phone: 1-800-808-1723 Ext 505 or 515

Fax: 1-866-289-7211

Email: service@tersano.com