

Perf-form Filter Warranty

Perf-form Filters warrants each new filter used on applicable equipment to be FREE of defects in workmanship and materials. Perf-form will replace any filter found to be defective when you return it to your Perf-form Distributor, where you purchased the filter.

In addition, if any machinery damage is directly caused by a new, properly installed Perf-form filter during a normal service interval, Perf-form will reimburse the owner for that portion of the repair costs which were necessary to restore the machine to its condition immediately prior to the time of damage. If damage from a filter is suspected, contact the Perf-form distributor where you purchased the filter. He will help complete the necessary form and pack the filter and other materials in accordance with the Perf-form Procedure Manual.

Perf-form Filters shall not be liable for any consequential or incidental damages, besides machinery damage, for breach of any express or implied warranty of Perf-form Filters.

WARRANTY PROCEDURE

If a Perf-form Filter is suspected of causing a failure, don't throw away the evidence. Instead, in order to process a warranty claim, follow the Warranty Procedure . . .

- 1) Complete a Filter Report Form and describe the events on a separate sheet.
- 2) Obtain a sample of oil in the system at the time of the failure.
- 3) Save damaged parts for evidence of the claimed damage.
- 4) Send copies of any repair bills.

Send the entire suspect filter, including the gaskets. Do NOT cut open the filter or tamper with it in any way. Package the filter carefully to prevent damage to parts or paperwork.

DATE CODE

Perf-form puts a date code on its filters packaging that indicates the date it was manufactured.

Example: 253 02

The first set of numbers indicates the day of the year.

The second set of numbers indicates the year.

<p style="text-align: center;">Company Name: _____</p> <p style="text-align: center;">Address: _____</p> <p style="text-align: center;">City: _____</p> <p style="text-align: center;">State: _____ Zip: _____</p> <p style="text-align: center;">Contact Person: _____</p> <p style="text-align: center;">Phone: _____</p> <p style="text-align: center;">Fax: _____</p>	<p style="text-align: center;">Name: _____</p> <p style="text-align: center;">Address: _____</p> <p style="text-align: center;">City: _____</p> <p style="text-align: center;">State: _____ Zip: _____</p> <p style="text-align: center;">Contact Person: _____</p> <p style="text-align: center;">Phone: _____</p> <p style="text-align: center;">Fax: _____</p>
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<p>Part Number: _____ _____</p> <p>Installation Date: _____ _____</p>	<p>Filter Date Code:</p> <p>Removal Date:</p>
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Repair Shop Name: _____
\$ _____

Cost of Repairs:

(Attach Itemized Repair Bill)

Address: _____

Contact:

City: _____

Phone:

State: _____ Zip: _____

Fax:

EQUIPMENT:

Model: _____ Year: _____ Serial #: _____

Type of Equipment: _____ Make: _____

Damaged Part(s): _____

Total Miles/Hours on Equipment: _____

Distributor Signature: _____

Owner Signature: