

Warranty Claim Application

Company:

Address:

Contact:

Phone:

Email:

Date of Failure:

Date of Purchase:

Please attach copy of purchase invoice showing serial or certification number if not purchased from STANMECH.

TOOL INFORMATION

Tool type:

V

W

Serial #:

Cert. #:

Description of
Failure:

Submit this form to info@stanmech.com or by fax to 905-631-1852.

Include a copy of this form with the tool being returned for warranty inspection.