

Warranty Registration

Please complete this form and return to Devair Inc. via mail or fax. We will issue special warranty registration number and sticker upon receiving your completed form, that will be sent to you immediately. Non-registered compressors may not be covered by any warranty.

Name: _____

Title: _____

Company: _____

Tel: ____/____/____ Fax: ____/____/____

Email : _____

Address: _____

City: _____

Prov/State: _____

Postal Code/ZIP: _____

TO BE COMPLETED BY INSTALLER/SERVICE
TECHNICIAN

Compressor Model #: _____

Serial #: _____

Installation date: ____/____/____

Installer Name: _____

Installer Company Name: _____

Purchased From: _____

Who will provide regular service: _____

Service contract: YES / NO

FAX COMPLETED FORM TO: 1-800-561-1663

TO QUALIFY FOR DEVAIR EXTENDED WARRANTY PROOF OF REGULAR SERVICE WILL BE REQUIRED.

For name of authorized service provider in your area please contact us at:

US: 1-800-552-7954, Canada: 1-800-668-8558 or sales@devair.ca

DEVAIR OFFICE USE ONLY:

Registration date: ____/____/____

Registration number: _____

Authorized Signature: _____

