



MicroSepTec Warranty Submission Form

Submit forms to: MST Manufacturing, Inc. 23362 Madero Ste C Mission Viejo, CA 92691 www.microseptec.com microseptec@microseptec.com 877.4SEPTIC	Owner's Name: _____ Owner's Address: _____ _____ Owner's Phone Number: _____ Owner's Email Address: _____ Date of System Startup: _____ Delivery Date: _____
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Distributor: _____ Distributor's Invoice Number: _____	Service Provider: _____ Date of Last Service: _____	Installer: _____ Date of Installation: _____
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Component	Serial Number	Date Installed	Date Failed
Tank			
Compressor (blowers)			
Pumps			
Alarm Control Panel			
Telemetry			
U/V Light			
Other _____			

A warranty submission form must be submitted in order to process all warranties. Warranty submission form must also be accompanied by a written statement describing the nature of the defect. Warranty submission will be evaluated on a case-by-case basis and handled in accordance with MST Manufacturing, Inc's Limited Warranty. MicroSepTec, at their discretion, may require defective component(s) be returned to MicroSepTec for determination of failure prior to issuing credit for warranty. MicroSepTec will invoice the distributor for the replacement component(s) and issue a credit memo once warranty status has been approved. MicroSepTec Limited Warranty Policy does not include labor or shipping for warranty component(s). If component(s) is found not to be defective, the component(s) will be returned to distributor at the cost of the distributor. MicroSepTec, at their sole discretion, may offer labor and/or shipping allowances on a case-by-case basis.

MicroSepTec Use Only		Date Warranty Form Received: _____	
Warranty Claims #: _____		Warranty Status: <u>Approved/Denied/Need more information</u>	
System ID #: _____		Information Needed: _____	
Distributor Original PO to MST #: _____			
Distributor PO for Replacement part: _____			
	Yes No		
	<input type="checkbox"/> <input type="checkbox"/>	Replacement part shipped: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> <input type="checkbox"/>	Invoice #: _____	
	<input type="checkbox"/> <input type="checkbox"/>	Credit Memo Number #: _____	
	<input type="checkbox"/> <input type="checkbox"/>	Replacement Part entered into Database	
	<input type="checkbox"/> <input type="checkbox"/>	Labor or Shipping Allowance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> <input type="checkbox"/>	Amount: \$ _____	

Printed name: _____	Signature: _____
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