



For Office Use:

Date Claim Received: _____

RGA# _____

E-ZEE FLOW HEAT EXCHANGERS

Warranty Claims Form

Diversified Heat Transfer (DHT) warrants this product against defects in materials and workmanship for a period of one (1) year from the original purchase date. The original purchase date as used herein shall mean the date stated in the vendor's original invoice. Should the product fail to perform according to the specifications set forth by DHT during the warranty period, DHT will repair or replace, free of charge, the products that it finds defective.

If you wish to make a claim, please complete this form. Incomplete forms will not be processed. To make multiple claims, please fill out one form for each individual unit.

Name:

Company:

Address:

Telephone:

Fax:

Email:

Product Information:

| | |
|----------------------|-----------------|
| Model Name: | |
| Serial Number: | |
| Purchased From: | |
| Vendor Invoice #: | |
| Vendor Invoice Date: | |
| DHT Quotation #: | (if applicable) |

Comments: (indicate source/ symptoms of defect)

Product Operating Conditions:

| | Tube Side | Shell Side |
|--|-----------|------------|
| Temperature In: <input type="checkbox"/> °C <input type="checkbox"/> °F | | |
| Temperature Out <input type="checkbox"/> °C <input type="checkbox"/> °F | | |
| Flow <input type="checkbox"/> kg/s <input type="checkbox"/> USGPM | | |
| Operating Fluids | | |

| Chemical | Levels |
|------------------------|--------|
| Free Chlorine | |
| pH | |
| Calcium Hardness | |
| Alkalinity | |
| Total dissolved solids | |
| Bromine | |
| Copper | |
| Chloride | |
| Other (specify) | |

Thank you for your assistance. Please fax (718-386-7809) or email (warranty@dhtnet.com) this form back to DHT. You will be contacted once the information has been reviewed.