



# HYDRAULIC KIT WARRANTY REGISTRATION FORM

WARRANTY PERIOD IS ONE YEAR FROM DATE OF SHIPMENT OR 2,000 HOURS OF USE, WHICHEVER OCCURS FIRST.

THIS FORM MUST BE COMPLETED AND RETURNED AT THE TIME OF KIT INSTALLATION. FAILURE TO DO SO WILL VOID WARRANTY.

FAX COMPLETED FORM TO 770-474-6165

### Purchaser / Buyer

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Email \_\_\_\_\_

Kit Serial # \_\_\_\_\_

Purchase Order # \_\_\_\_\_

Install Technician \_\_\_\_\_

Date of Kit Order \_\_\_\_\_

Base Machine: Make \_\_\_\_\_

Model \_\_\_\_\_

Serial # \_\_\_\_\_

Kit install Date \_\_\_\_\_

Hours to Install Kit \_\_\_\_\_

### How do you rate this kit?

Very Good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Fair	<input type="checkbox"/>
Poor	<input type="checkbox"/>

### Were the instructions clear?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Comments:

\_\_\_\_\_  
 \_\_\_\_\_

### Did parts fit correctly?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

### Were any parts missing?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Comments:

\_\_\_\_\_  
 \_\_\_\_\_

Missing Parts:

\_\_\_\_\_  
 \_\_\_\_\_

**NOTE:** It is the responsibility of the installer to perform a visual post-installation check for leaks, fastener tightness, and wear an abrasion within the first 20 hours of operation and make adjustments as necessary.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date