



## Product Warranty Validation Form

Before we can validate and process your claim, this form must be filled out completely

**Serial Number(s) MUST be entered**  
They can be found on the label attached to the pump body

Email form to: [tom.reilly@sauermanngroup.com](mailto:tom.reilly@sauermanngroup.com) or fax to 631-234-7605  
Once approved by Tom Reilly the pump(s) must be returned to our office at:  
Sauermann NA Corp., 140 Fell Court, Suite 302, Hauppauge, NY 11788

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address to send replacement pumps:  
\_\_\_\_\_

Date purchased from Sauermann NA Corp: \_\_\_\_\_

Pump Model & Voltage	Serial Number	Pump Defect

Office use only  
Reference:

Invoice #:

Invoice Date: