



SEC Heat Exchangers
2546 Iona Road, Belfast
Prince Edward Island,
Canada, C0A 1A0

For Office Use
 Date Claim Received: _____
 RMA#: _____

WARRANTY CLAIMS FORM

SEC ("SYSTEMS EQUIPMENT CORPORATION") warrants this product against defects in materials and workmanship for a period of one (1) year from the original purchase date, or eighteen (18) months from SEC's original invoice, whichever expires first. 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 SEC during the warranty period, SEC will repair or replace, free of charge, the products that it finds defective.

If you wish to make a warranty claim, please complete this form. Incomplete forms will not be processed. To make multiple claims, please complete 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: _____
 SEC's Quotation # : _____
 (if applicable)

Comments:
 (indicate source/symptoms of defect)

Product Operating Conditions:

	Cold Side	Hot Side
Temperature In <input type="checkbox"/> °C <input type="checkbox"/> °F		
Temperature Out <input type="checkbox"/> °C <input type="checkbox"/> °F		
Flow Rate <input type="checkbox"/> kg/s <input type="checkbox"/> USGPM		
Operating Fluids		

For pool use, please complete the following table:

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

Please fax this form back to SEC. You will be contacted once the information has been reviewed. Incomplete forms will not be processed. **Thank you for your assistance.**

SEC FAX NUMBER (902) 659-2800