



AHP WARRANTY RETURN FORM

I understand that proper packing for shipping and insurance is my responsibility. I have properly packed or have had the unit professionally packed for shipping. If the unit arrives damaged, I understand that AHP is not responsible for said damage. I acknowledge that AHP support technicians may, at their discretion, repack my unit at my expense if packaging is deemed insufficient or too damaged for safe return to me. I understand that improper packing can lead to shipping damage and that my assigned shipping carrier will not insure or pay for warranty items that are improperly packed. Furthermore, I understand that AHP or its designated repair facility or technicians will not assume any liability for shipping damage occurring from the re-use of my packaging material. I also understand that AHP may document/photograph package and contents condition upon arrival at any designated repair facility.

Customer Signature: _____

Date: _____

CUSTOMER INFORMATION		EVERLAST WARRANTY RETURN AUTHORIZATION NUMBER	
NAME: ADDRESS: PHONE: EMAIL:			
RETURN UNIT FOR WARRANTY SERVICE TO:		MODEL NAME AND NUMBER	
AHP Tools Warranty Repair Department (ATTN: Support) 790 Daisy Road Clayton DE, 19938			
DATE OF PURCHASE:		UNIT SERIAL NUMBER	
		DATE OF FAILURE:	
PLACE/PROOF OF PURCHASE: (Attach copy of receipt additionally.)		RETURN AUTHORIZED BY:	
		AUTHORIZATION DATE:	
<p>NOTE: AHP Tools assumes no responsibility for shipping damages incurred during transit to or from the designated repair facility. Although AHP will assist in arranging shipping, the customer must properly pack and ship the unit. Packing expenses, if any, are borne by the customer. Please see and sign statements regarding proper packing and related damage and owner's responsibilities before returning your product for Warranty Service.</p> <p>IMPORTANT: Do not return accessories, unless requested by AHP. Accessories should be kept for future use. If no fault is found with the unit, AHP may request accessories to be shipped for inspection.</p>		<p style="color: red; font-weight: bold;">AHP USE:</p> <p style="color: red; font-weight: bold;">PROPERLY PACKED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
CUSTOMER DESCRIPTION OF PROBLEM/REASON FOR RETURN OR REPLACEMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)			
AHP WARRANTY DEPARTMENT USE ONLY			
UNIT APPEARANCE:	<input type="checkbox"/> NEW <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR/DAMAGED (SHIPPING) <input type="checkbox"/> OTHER _____		
DIAGNOSIS:			
PREVIOUSLY REPAIRED?	<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, DIFFERENT REPAIR <input type="checkbox"/> NO <input type="checkbox"/> YES IF NO, NUMBER OF TIMES REPAIRED: _____		
RECOMMENDATION:	<input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACE <input type="checkbox"/> OTHER _____		
REPAIR ACTION:			
CAUSE OF FAILURE:			
IMPORTANT! RETURN AUTHORIZATION IS REQUIRED BEFORE SHIPMENT OR REPAIRS MAY BE BILLED AS OUT-OF-WARRANTY TO CUSTOMER!			
BY SIGNING BELOW, THE CUSTOMER ACKNOWLEDGES THAT THEY HAVE PROPERLY PACKAGED THEIR UNIT FOR RETURN SHIPPING. THE CUSTOMER ALSO ACKNOWLEDGES THAT NO COMPESATION FOR TIME LOSS OR TRAVEL EXPENSES TO/FROM SHIPPING OR REPAIR FACILITY TIME LOSS WILL BE MADE.		AHP TOOLS WORKS TO PROVIDE THE BEST CUSTOMER SERVICE POSSIBLE. COMPLETION OF THIS FORM WILL FACILITATE IN THE QUICK DIAGNOSIS, REPAIR AND RETURN OF YOUR UNIT. FAILURE TO COMPLETE IT MAY DELAY REPAIR OR RESULT IN DENIAL OF WARRANTY.	
Customer Signature: _____ Date: _____	Shipped Via: <input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input type="checkbox"/> Customer Delivered	Return Shipper: <input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input type="checkbox"/> Customer Delivered	Serviced By: _____ Date: _____

Customer must sign and date top and bottom signatures before work will be performed under warranty. A completed copy should be kept for your records.