CUSTOMER CLAIMS FORM

For one year after the original date of purchase (the date of invoice), Rexyn (the Company) will replace this product (or at the Company’s discretion, replace with a like product) free of charge if defective in material or workmanship. This limited warranty does not include cleaning, or damage caused by accident, neglect, misuse or improper installation or operation, any damage caused from unauthorized repairs, maintenance, modifications or tampering by anyone other than an Authorized Company Service Representative or conditions beyond the control of the Company, or operation of the product in excess of the specifications or with the Unique Serial Number information and/or label removed.

THE COMPANY DISCLAIMS ALL OTHER WARRANTIES EXPRESS OR IMPLIED INCLUDING, WITHOUT LIMITATION, ANY IMPLIED WARRANTIES OF MERCHANT LIABILITY OR FITNESS FOR A PARTICULAR PURPOSE, EXCEPT TO THE EXTENT THAT ANY WARRANTIES IMPLIED BY LAW CANNOT BE VALIDLY WAIVED.

No oral or written information or advice given by the Company, its distributors, dealers, agents or employees, shall create another warranty or modify this warranty. This warranty states the Company's entire liability and is your exclusive remedy against the Company for any failure of the product to operate properly.

Neither the Company nor anyone else involved in the development, production, or delivery of this product shall be liable for any indirect, incidental, special, consequential, exemplary, or punitive damages, including lost profits, rising from the use or inability to use the product, even if advised of the possibility of such damage. Because some states in the USA and some countries do not allow the exclusion or limitation of consequential or incidental damages, the above limitation may not apply to you.

This limited warranty gives you specific legal rights and you may also have other rights, which vary from State to State and from Country to Country.

Assistance under this limited warranty is available through the Company and its dealers and agents. The address and contact details are stated on the Contact Details Label on the Product. Additionally, a record of your purchase (to protect your warranty claim should the need arise), can be made directly to the Supplier. Please complete the attached form and send the completed form to us directly. We will send a copy of this form to your Supplier.

**Please ensure that you receive an acknowledgement of receipt of the form.**

Rexyn Ltd - P O Box 89, Prescot, Merseyside L35 0RL - England - UK.

Email: [info@rexyn.co](mailto:info@rexyn.co)

Fax: +44 151 443 0150

# PLEASE NOTE:

We will not entertain any claims without receipt of the original product.

The returned product will need to be examined by us and if we cannot examine and verify the reasons for your claim (as stated in the attached form), then we will not be able to process your claim.

Please ensure that the returned original product is hygienically clean and if necessary, disinfected. If it is dirty, the product will be returned back to you without examination.

Shipping Instructions for Returns - All product RETURNS must be properly packaged. Product Returns damaged in transit to Origin Warehouse due to inadequate packaging cannot and will not be covered by the warranty and will be returned.

# INFORMATION YOU WILL NEED FOR YOUR WARRANTY CLAIM

## PRODUCT INFORMATION

PRODUCT DESCRIPTION

PRODUCT MODEL #

PRODUCT USN (Unique Serial Number)

DATE OF PURCHASE

PURCHASED FROM Name of the Company / Supplier / Dealer

## DETAILED REASON (S) FOR PRODUCT RETURN

## OTHER INFORMATION

We need to verify proof and date of purchase.

1. Did you register your product at the time of purchase?

### YES NO

2. If **YES** with whom did you register the product?

### Rexyn Ltd Supplier

(The Manufacturer) (Dealer / Distributor)

3. How did you register the product? (Please tick all relevant)

### Website Product Registration Form with Product Other \*

### \* Please State: Please State "Other"

4. If **NO** then please attach the following supporting documents for your claim:

(Please tick the items that you are attaching)

### Supplier Invoice Carrier Delivery Note

## YOUR DETAILS (PERSON MAKING THE CLAIM)

INSTITUTION:

ADDRESS:

LINE 1

LINE 2

LINE 3

COUNTRY

CONTACT PERSON:

POSITION:

TELEPHONE:

EMAIL:

# We will ship the replacement product directly to the original address on the invoice from your supplier.

If you wish us to send the replacement product to an address other than the original (as stated on the original supplier invoice), then please complete the details below.

## REASON (S) FOR CHANGE OF ADDRESS FROM ORIGINAL

## 

## NEW ADDRESS FOR PRODUCT REPLACEMENT

INSTITUTION:

ADDRESS:

LINE 1

LINE 2

LINE 3

COUNTRY

CONTACT PERSON:

POSITION:

TELEPHONE:

EMAIL: