

**ISIMET**

PO Box 129  
Naples, TX 75568-0129  
Phone: (903) 897-0737  
Fax: (903) 897-0740

**REQUEST FOR FACTORY SERVICE OR PRODUCT WARRANTY**

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_

Project Location: \_\_\_\_\_

Project # \_\_\_\_\_ Vendor \_\_\_\_\_

Date of Shipment \_\_\_\_\_ Equip. Start-up Date \_\_\_\_\_ Installer \_\_\_\_\_

Warranty Product \_\_\_\_\_yes \_\_\_\_\_no Start-up Documents provided \_\_\_\_\_yes \_\_\_\_\_no

Product \_\_\_\_\_ Model # \_\_\_\_\_

Nature of the problem \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Component \_\_\_\_\_ For what Product \_\_\_\_\_

Nature of the problem \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Ship To  
For replacements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ship VIA: Mail UPS Ground UPS Next Day Other \_\_\_\_\_

Need By Date: \_\_\_\_\_ A.M. P.M.

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All failed parts/components must be returned for analysis. Failure to return parts/components within 30 days of replacement could result in a charge for replacement parts/ components. All parts/components are subject to charge pending confirmation of warranty.

Company Authorizing Service \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**Please fax request to (903) 897-0740**