

Warranty Delivery Report

Ref. No: _____

Distributor

Company Name

Company Address

Customer

Customer Name

Customer Address

Base carrier info.	Attachment info.
Maker/Model:	Model & S/No.:
Operating Weight: lb	Operating Pressure: psi
Operating Hours:	Relief Set Pressure: psi
Oil Filter:	Operating Oil Flow: gpm
Others:	Gas Pressure: psi

Warranty Start:

Expire Date: 24 months from warranty start or 2000 hours whichever comes first.

I hereby acknowledge that the subject had been delivered in satisfactory condition and operates satisfactorily, and that I received parts manual, operation & maintenance manual and instruction as to its proper operation, preventive maintenance, and that all aspect of the standard warranty have been fully explained to me.

Customer's Signature _____

Title/Position _____

Delivered by Date _____