



Quality Molded Plastics Ltd.



Warranty Request Form

Please complete and fax back to (306)242-4122

****NOTE:** Quality Molded Plastics Ltd. Warranty coverage is limited to cost of product only.

Company Name: _____ Date: _____

QMP Part #: _____ Quantity: _____ PO #: _____

Date Purchased: _____ Invoice #: _____

Serial Number(s), if applicable: _____

Productsold to end user? YES NO If yes, date sold: _____

Reason for Warranty Request: _____

Name: _____ Signature: _____

-----FOR QMP INTERNAL USE ONLY-----

Part manufactured within warranty policy requirements? YES NO

Part sold to end user within warranty policy requirements? YES NO

Defect due to faulty materials? YES NO

Defect due to workmanship? YES NO

Defect due to leaking fittings? YES NO

Had customer request/paid for fitting testing? YES NO

Is defect 'out of box' issue? YES NO

Did product fail after usage? YES NO

Permission give to return for inspection? YES NO

Comments: _____

Date: _____ Signature: _____