

Warranty Claim Form

1. General I	nformation	
Name		Date Purchased
Phone #		SunMaxx Invoice #
Address		City / State / Zip
2. Product lı	nformation	
Serial #(s)		SunMaxx Item #
		Please describe why you believe your product is defective:
3. System D	esign Information	
System Design Flo	ow Rate (GPM on the solar loop)	Solar Loop Pipe Diameter (in) Copper Stainless Steel
System Fluid Velo	city (ft/s on the solar loop)	Solar Loop Distance From Collectors To The Storage Tank (ft)
Solar Loop Pump	Installed (Model #)	Total # Collectors # of Collectors in Row (series)
If Collectors Are P	iped in Parallel, Was A Load Balancing / Circuit S	etter Used to Balance Flow Between Collectors? Yes
Model #	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Please provide proof of purchase
Was Glycol Used	In This System? (Is this a gylcol based system?)	Yes
Model #	Concentration	

4. Date(s) Solar System Re-Charged

Date	Glycol Added (gallons)	Glycol Model / Version Used

^{*} Note: Please service call records for system re-charge(s)

5. pH Of Glycol Check

Time	рН	Date Performed
At Install		
6 Month Check		
12 Month Check		
36 Month Check		
60 Month Check		

I attest that all the information provided above is		
accurate and may be verified by a third party	(Signature)	(Date)

How To File Your Warranty Claim With SunMaxx

Mail To: SunMaxx Solar 2917 State Hwy 7 Bainbridge, NY 1373

Email To: SunMaxx Solar

accountmanager@sunmaxxsolar.com

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