



Warranty Registration & Delivery Inspection Report

Attachment

Model		Serial No	
Date delivered to purchaser			

Purchaser / Customer

Name						
Address	Street					
	City		State		Zip	
Tel			Email			

Carrier

Manufacturer		Model	
Manufactur year		Operating hour	
Oil Flow (l/min)		Rotation Oil Flow (l/min)	
Working Pressure (Bar)		Rotation Working Pressure (Bar)	

Application

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Customer

Received copy of operation & safety manual
Reviewed and understand all safety and warning precautions
Received & reviewed routine maintenance documentation
Received and reviewed product warranty

Please indicate yes with check mark

DEALER / SELLER**PURCHASER / END USER**

Dealer Name : _____
Date (MM/DD/YY) : _____
Email : _____
Phone : _____

Purchaser's Name : _____
Date (MM/DD/YY) : _____

**NO WARRANTY REQUEST WILL BE ACCEPTED WITHOUT COMPLETION AND RETURN OF THIS FORM
TO SOOSAN USA WITHIN THIRTY (30) DAYS FROM DATE OF INITIAL INSTALLATION**

Please complete and return to: info@mhaconstructionequipment.com