



Sander Warranty Evaluation Form

Please fill out form and include a copy with the tool.
Keep a copy for your records.

Company Name:

Contact Person:

Shipping Address:

Phone #:

Email Address:

Tool Serial Number:

Purchase Date:

Dixon Employee who authorized the evaluation:

Date of authorization:

Tracking # for returned equipment:

Date Shipped:

Customer Complaint:

Shipping costs to Dixon are the responsibility of the customer. Dixon will only cover cost to return to customer if warranty issue is verified.