

Warranty Claim Procedure

For a claim to be processed, the Warranty Registration Form must be on file with Sauer Compressors USA. This form must be filed within thirty (30) days after the receipt of the package. This form alerts Sauer Compressors USA that the package was received and the warranty period has started. These forms can be submitted via Fax (410-604-3209), E-mail (service@sauerusa.com) or mail to Sauer Compressors USA to Attn: Service Department.

To start the warranty claim process, the following guidelines must be followed:

1. A Warranty Claim Form must be submitted via Fax (410-604-3209) or E-mail (service@sauerusa.com) within thirty (30) days of the incident.
2. The warranty claim will be evaluated by Sauer Compressors USA and assigned a reference number. The Customer will be notified of the reference number, which must be referenced on all future correspondence pertaining to this claim.
3. A quotation will be supplied to the customer for the suspect parts.
4. A “no charge” purchase order will have to be issued from the customer to Sauer USA referencing the quotation supplied by Sauer.
5. All suspect parts must be returned to Sauer Compressors USA for investigation within thirty (30) days of receipt of the replacement part, unless waived by a Sauer USA representative. **An invoice will be issued if the parts are not received by Sauer USA within thirty (30) days.** A copy of the Warranty Claim Form (complete with Warranty Reference Number) must accompany any shipment of returned items. Items returned must be clearly marked with the proper part number and Warranty Reference Number. Ship all parts, prepaid, to:

**Sauer Compressors USA
Service Department
245 Log Canoe Circle
Stevensville, MD 21666**

6. After the investigation by Sauer USA, the Customer will be notified whether the claim has been accepted or denied. If the claim has been accepted, a Credit Memo will be issued to the customer. If the claim has been denied, Sauer USA will invoice the customer for the replacement parts and freight.
7. Rejection of a warranty claim will be accompanied by an explanation of the reason(s) for the rejection.

Warranty Claim Form

Company / Vessel:

Point of Contact:

Phone Number: Email:

Street Address:

City: State: Zip :

Compressor Model: Serial Number:

Date Received: Operating Hours:

Oil Type:

Description of Problem: