### LIMITED WARRANTY



WELDCO-BEALES IS COMMITTED TO PROVIDING THE HIGHEST QUALITY PRODUCTS AND AFTER-SALES SERVICE TO OUR CUSTOMERS

OUR SIMPLIFIED WARRANTY POLICY AND RESPONSIVE WARRANTY DEPARTMENT WILL ENSURE THAT ANY PROBLEMS ARE DEALT WITH QUICKLY AND EFFICIENTLY.

#### LIMITED WARRANTY

#### COVERAGE

Effective January 1, 2009 the Weldco-Beales Manufacturing Warranty covers manufactured products for unlimited usage hours within twelve (12) months from the date the product entered service. Over-the-counter parts purchases will be covered for six (6) months from date of sale.

#### **LIMITATIONS**

Weldco-Beales Manufacturing Inc. (WBM) warrants each new manufactured product to be free from defects in material and workmanship, with its obligation and liability being expressly limited to repairing or replacing free of charge, at WBM's option, the product proving defective under normal use and service at its factory. Products claimed to be defective and for which repair or replacement is desired shall be, if requested by WBM, returned transportation prepaid to WBM's factory for inspection.

Subcomponents and parts deemed by WBM to have suffered long-term exposure to the elements prior to entering service may not be covered under warranty at WBM's discretion.

If the date the product entered service cannot be established to WBM's satisfaction, the warranty period will be based on the original invoice date of the product.

THIS WARRANTY IS IN LIEU OF ALL OTHER WARRANTIES EXPRESSED OR IMPLIED, INCLUDING BUT NOT LIMITED TO WARRANTIES OF MERCHANTABILITY AND FITNESS FOR ANY PARTICULAR PURPOSE AND THE OBLIGATION AND LIABILITY OF WBM UNDER THIS WARRANTY SHALL NOT INCLUDE ANY TRANSPORTATION OR OTHER CHARGES OR THE COST OF INSTALLATION OR ANY LIABILITY FOR DIRECT, INDIRECT OR CONSEQUENTIAL DAMAGES OR DELAY RESULTING FROM THE DEFECT.

FOR ADDITIONAL WARRANTY INFORMATION AND FORMS, PLEASE VISIT OUR WEBSITE AT WWW.WELDCO-BEALES.COM

#### **WARRANTY PROCEDURES**

The warranty policies and procedures protect dealers and their customers by ensuring that defects or repairs are completed in a responsible and timely manner.

Weldco-Beales Mfg. Warranty Department requires notification prior to the repair of a defective item during the warranty period. This notification provides an expedited method in which the issue can be resolved for the customer. Utilizing this notification process, Weldco-Beales can offer immediate guidance on the required repairs and either authorize a field repair or have the product returned to the factory for rework or replacement. In addition, immediate notification of defects is important, as it allows Weldco-Beales Mfg. to improve design or manufacturing processes to our product that helps ensure Dealers and their Customers receive quality attachments.

Upon notification of a defect, Weldco-Beales will issue a tracking number. However, if a failure occurs outside of regular business hours, a tracking number may be obtained the next business day.

Once a tracking number is provided, the following information will be required for completion and payment of all approved warranty claims:

- 1. Nature of the failure or damage
- 2. Serial number of the product
- 3. Number of hours used
- 4. Date the product went into service
- 5. Estimate of the cost to perform suitable repairs
- 6. Pictures of the damage
- 7. Damaged parts/goods referencing tracking number to be returned upon request
- 8. Damaged parts/goods returned via pre-paid freight unless otherwise specified by WBM
- 9. Copies of invoices for all outside charges must be included with your claim.

Weldco-Beales will provide a credit on account on approved warranty claims submitted in a timely manner (within 60 days) complete with all of the above information. Failure to supply the required information will result in a delayed and/or denied claim. Denied claims will be returned to the associated Dealer's corporate warranty department.

Last revised: March 31, 2020



# WELDCO-BEALES MFG. SPECIALISTS IN ATTACHMENT DESIGN AND MANUFACTURING

PLEASE SUBMIT ALL WARRANTY CLAIMS TO:

Warranty Department Toll Free: 1877 456 7779



### **WARRANTY REGISTRATION CARD**

Complete and return this card within **30 working days** of the original date in service of the WBM attachment. Please print **clearly**.

| DATE IN SERVICE:      |              |  |  |  |
|-----------------------|--------------|--|--|--|
| WBM SERIAL #:         |              |  |  |  |
| WBM ASSEMBLY #:       |              |  |  |  |
| PRODUCT DESCRIPTION:  |              |  |  |  |
| OEM EQUIPMENT DEALER: |              |  |  |  |
| CUSTOMER:             |              |  |  |  |
| CONTACT NAME:         |              |  |  |  |
| CONTACT PHONE #:      |              |  |  |  |
| CONTACT ADDRESS:      |              |  |  |  |
| CITY/TOWN/VILLAGE:    |              |  |  |  |
| PROVINCE:             | POSTAL CODE: |  |  |  |
|                       |              |  |  |  |

Last revised: November 2, 2020

#### PLEASE SUBMIT REGISTRATION CARD TO:

Warranty Department

Toll Free: 1 877 456 7779 | Fax: 780 455 6770



# WARRANTY CLAIM FORM (CDN)

| Distribu  | tor                              |                        | Date            | Т                              | Tracking #          |           |       |         |  |
|---|----------------------------------|------------------------|-----------------|--------------------------------|---------------------|-----------|-------|---------|--|
| Address   |                                  |                        |                 |                                |                     |           |       |         |  |
| City, Pro   | vince/State                      |                        | Zip/Postal Code |                                | Distributor Claim # |           |       |         |  |
| Phone #   |                                  |                        | WBM Assembly #  | S                              | Serial #            |           |       |         |  |
| Machine Model #   |                                  |                        | Completed By    | С                              | Distributor W/O #   |           |       |         |  |
| Custom  | er                               |                        | Address         | l I                            |                     |           |       |         |  |
| City, Province/State  |                                  |                        |                 | Z                              | Zip/Postal Code     |           |       |         |  |
| Date Delivered to First User  |                                  |                        | Date of Failure | F                              | Hours Used          |           |       |         |  |
|   | OF FAILURE                       |                        | <u> </u>        |                                |                     |           |       |         |  |
| DESCRIB   | E ANY INDICATION OF DEFECTIVE MA | ATERIAL OR WORKMANSHII |                 |                                |                     |           |       |         |  |
| LIST PAR  | TS CLAIMED                       |                        |                 |                                |                     |           |       |         |  |
| QTY   | PART NUMBER                      |                        | DESCRIPTION     |                                | INV. NO.            | NET COST  | W     | /BM USE |  |
|   |                                  |                        |                 |                                |                     |           |       |         |  |
|   |                                  |                        |                 |                                |                     |           |       |         |  |
|   |                                  |                        |                 |                                |                     |           |       |         |  |
|   |                                  |                        |                 |                                |                     |           |       |         |  |
|   |                                  |                        |                 |                                |                     |           |       |         |  |
| Have parts been returned to factory?  |                                  |                        |                 | SERVICE LABOUR (\$132.50/hour) |                     |           | hours |         |  |
| Date Shipped:   |                                  |                        |                 | TOTAL LABOUR \$                |                     |           |       |         |  |
| How ship  | ped?                             |                        | Bill of Lading: |                                |                     | NET CLAIM | \$    |         |  |
|   |                                  |                        |                 |                                |                     |           |       |         |  |
| FOR W   | /ELDCO OFFICE USE ONLY           |                        |                 |                                |                     |           |       |         |  |
| Date Claim Received in our office:  Documentation Attached?  Disposition  Documentation Attached?  No |                                  |                        |                 |                                |                     |           | No    |         |  |
|   | formation Requested? Yes         |                        |                 |                                |                     |           |       |         |  |
| Settlen   | nent:                            | Amount:                |                 | Date:                          |                     |           |       |         |  |