



## Certificate of Warranty

All new Clave16 (+) or Clave 23 (+) or Class B autoclaves installed by a Flight Dental Systems authorized dealer are covered for a period of two (2) full years from the time of purchase. The warranty covers defects in parts, workmanship and materials for two (2) years except for door gaskets and filters which are wear and tear items. This warranty does not include labor or installation. This warranty does not apply to any device that has been subjected to improper use or accident; nor shall it extend to autoclaves that have been repaired or altered by an unauthorized dealer or technician. The warranty also does not include routine cleaning or preventive maintenance.

Flight's obligation is limited to the repair or replacement of parts for the autoclave. No other warranties or obligations are expressed or implied. The user must follow the instructions for use as outlined in the user manual. To activate the warranty, the registration card must be completed and mailed or faxed to Flight within fourteen (14) days of purchase or you may call our customer service department at the number listed below. Products will only be received and accepted for repair from an authorized dealer and only with prior return authorization from Flight.

All Transportation charges to and from Flight must be paid for by the owner of the Autoclave. Flight will not accept COD shipments. If repairs are needed during the first 90 days after purchase of an autoclave and a local authorized service dealer is not available, Flight will arrange pick up of the unit at Flight's expense. This will be on an individually evaluated basis and ONLY with pre-approval. Note: If you have any questions or there are any difficulties with this instrument and the solution is not covered in this manual, please contact your dealer or Flight Dental Systems. Do not attempt to service this device yourself.

Authorized Dealer: \_\_\_\_\_

Installed by: \_\_\_\_\_

Product Serial Number: \_\_\_\_\_

Product Description: \_\_\_\_\_

Product Model: \_\_\_\_\_

Purchased Date: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

End User Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal code: \_\_\_\_\_ Country: \_\_\_\_\_