

Warranty and Return Policy

KOGANEI is committed to providing a quality product, free from defects in material and workmanship which performs as specified. In the event that there is an issue with one of our industry leading products, please find our warranty and return policy below.

Warranty

- KOGANEI International America, Inc. will cover defects in material and workmanship for one year after date of shipment from KOGANEI International America, Inc.
- If a defect in material or workmanship is found during the warranty period, KOGANEI International America, Inc. will replace any part proved defective under normal use free of charge.
- KOGANEI International America, Inc. shall in no way be liable or responsible for injuries or damage to persons or property arising out of the use or operation of our products.
- The warranty shall be void if the engineered safety devices are removed, made inoperative or not periodically checked for proper operation.
- Any operation beyond the rated capacity, any improper use or application, any improper installation, or any substitution upon it with parts not furnished or approved by KOGANEI International America, Inc. shall void this warranty.

If a defect in material or workmanship is found, KOGANEI International America, Inc. has the following return policy.

Return Policy

- Defective products must be returned to:

KOGANEI International America, Inc. 48860 Milmont Drive, Suite 108C Fremont, CA 94538 Attn: Warranty Returns

- The second page must be filled out and returned with the defective product.
- A purchase order must be placed with KOGANEI International America, Inc. for the replacement part(s). If KOGANEI International America, Inc. verifies the defect, then a credit for the product and cost of shipping will be issued. If KOGANEI International America, Inc. does not verify the defect, then the purchase order will be invoiced and processed as a standard order.



39300 Civic Center Drive Suite280 Fremont CA 94538 TEL: 510-744-1626 FAX: 510-744-1676

Defective Product Return Form

RETURN INFORMATION	
DATE:	
DISTRIBUTOR/CUSTOMER:	
CONTACT NAME:	
CONTACT PHONE #:	
CUSTOMER NAME:	
ORIGINAL P.O. #	
PCODE / MODEL CODE:	
QUANTITY RETURNED:	
APPLICATION	
DATE INSTALLED:	
SYSTEM PRESSURE:	
DESCRIPTION:	
FAILURE	
DATE OF FAILURE:	
FAILURE MODE:	
DESCRIPTION:	