

Warranty registration form:

Please register your equipment to assure your warranty coverage. *The warranty will not be honored unless the information below is completed and mailed back to TCS, Inc. within 30 days from purchase date.*

name _____

lab name _____

phone # _____

email _____

address _____

city _____ state _____ zip code _____

purchased from authorized dealer _____

date of purchase _____

invoice # _____

Product (check one):

1 year

- Item # 3525-01 Air Injector with Built in Furnace (110V)
- Item # 3525-02 Air Injector with Built in Furnace (220V)
- Item # 3614-01 Duplicating Unit (2 gallon)
- Item # 7000-JP JP90 Handheld Injector

2 year

- Item # 3506-01 Manual Injector
- Item # 3512-01 Digital Furnace (110V)
- Item # 3212-02 Digital Furnace (220V)
- Item # 3504-01 Hydraulic Injector (110V)
- Item # 3504-02 Hydraulic Injector (220V)

serial #

(located on equipment)

I have read and understand the Warranty Statement



Thermoplastic Comfort Systems, Inc.
2619 Lime Avenue, Signal Hill, CA 90755
562-426-2970
www.tcsdentalinc.com

IMPORTANT
WARRANTY
INFORMATION

WARRANTY STATEMENT & FORM

Thermoplastic Comfort Systems, Inc. offers limited warranties on its equipment with the terms, conditions and notices as follows:

Warranty.

Equipment manufactured by TCS, Inc. is warranted against defects in materials and workmanship from the original date of purchase for the periods indicated below.

Products covered under warranty.

1 year

- Item # 3525-01 Air Injector with Built in Furnace (110V)
- Item # 3525-02 Air Injector with Built in Furnace (220V)
- Item # 3614-01 Duplicating Unit (2 gallon)
- Item # 7000-JP JP90 Handheld Injector

2 year

- Item # 3506-01 Manual Injector
- Item # 3512-01 Digital Furnace (110V)
- Item # 3212-02 Digital Furnace (220V)
- Item # 3504-01 Hydraulic Injector (110V)
- Item # 3504-02 Hydraulic Injector (220V)

How to obtain this warranty.

The product must be registered with TCS, Inc. before warranty service is rendered. The warranty for the equipment will not be honored unless the **Warranty Registration Portion of this Statement is completed and sent back to TCS, Inc. within 30 days of purchase.**

Warranty service.

1. Warranty service is only covered during the warranty period.
2. To obtain service, contact TCS Inc. to obtain a RMA.
3. Ship the equipment freight prepaid, together with a written description of the claimed defect.
4. Pack the equipment in the **original packing or equivalent**. Damage in transit is end user's responsibility and may be cause **TO VOID THE WARRANTY**.
5. If upon examination no breakdown is found, the customer will be responsible for all shipping charges.
6. Equipment received without a valid warranty registration will be refused or will be charged for the repair.
7. Free ground shipping both ways for repaired machine and/or loaner (if necessary, and subject to availability). Customer is responsible for difference in shipping fees for express shipping if requested.

Refer to Repair/Replacement Policy and Loaner Policy.

Warranty limit and exclusions.

Equipment not packed carefully can be damaged in shipping. Customer is responsible for the costs of shipping damages. We recommend that all items be returned to TCS via traceable carrier (FedEx, UPS), as TCS, Inc. is not responsible for goods not received.

This warranty covers defects in manufacturing discovered while using the product as recommended by the manufacturer. TCS, Inc. is not liable under any circumstances for damage or reduction in performance directly or indirectly resulting from misuse, abuse, natural disaster, incorrect power line voltage, accident, improper maintenance or daily wear and tear.

Limitation of liability and remedies.

TCS, Inc. liability for warranty claims shall be limited to the repair of the product or part during the warranty period.

Register your warranty

Online: at www.tcsdentalinc.com >

Labs & Technicians, scroll all the way down and click "Submit Equipment Warranty"

Mail completed form to:

TCS, Inc. 2619 Lime Ave.

Signal Hill, CA 90755

Fax completed form to: 562-426-5154

Email completed form to: patricia@tcsdentalinc.com

FORM ON REVERSE

