

Mast Warranty Coverage Procedure

The following procedure must be used in order for The Will-Burt Company to support warranty claims for Mast and Lighting products that The Will-Burt Company Manufactures. **It is imperative for Will-Burt to be involved in any warranty product claim before any work is performed that would be covered under the warranty.**

1. The End Customer, Dealer, or OEM must Fill out and submit a Will-Burt Company Product Warranty Claim Form which includes Serial Number and Part number for affected product. Will-Burt will also need explanation of the issue the product is experiencing. **Please fill out a Warranty Claim on the other side of this page and fax to Roy Cowger at 330-684-5307.**
2. After the Will-Burt Company Warranty Claim form is submitted you will receive a Will-Burt Warranty Authorization number which will become your warranty product case number.
3. Will-Burt will determine at the time the claim form is submitted if the product will be requested to be returned to the Will-Burt factory at customer's expense or Will-Burt may determine to send a service representative which will solely be determined by The Will-Burt Company.
4. If warranty of the product judged by Will-Burt to be defective in material or workmanship, the product will be replaced or repaired at the option of Will-Burt, free from all charges except authorized transportation.

Customer/Dealer Performing the Work

| | | |
|----------------|--------------|---------|
| _____ | | |
| First Name | Last Name | |
| _____ | | |
| E-Mail Address | Phone Number | |
| _____ | | |
| Address | City | |
| _____ | | |
| State | Zip | Country |

Contact Person (if different than Customer/Dealer)

| | | |
|----------------|--------------|---------|
| _____ | | |
| First Name | Last Name | |
| _____ | | |
| E-Mail Address | Phone Number | |
| _____ | | |
| Address | City | |
| _____ | | |
| State | Zip | Country |

Physical Location of Will-Burt Product to be Worked On:* _____

Light Towers (Please select one item per form):

| | | |
|---|--|--|
| <input type="radio"/> Night Scan® 1.0 / 1.5 | <input type="radio"/> Night Scan Profiler | <input type="radio"/> Night Scan Vertical |
| <input type="radio"/> Night Scan Chief | <input type="radio"/> Night Scan Xtreme | <input type="radio"/> Other Light Tower |
| <input type="radio"/> Night Scan Powerlite | <input type="radio"/> Night Scan Vertical Complete | |

Pneumatic Masts (Please select one item per form):

| | | |
|--|---------------------------------|---|
| <input type="radio"/> Non-Locking | <input type="radio"/> Locking | <input type="radio"/> Other Pneumatic Mast |
| <input type="radio"/> Internally Wired Non-Locking | <input type="radio"/> Inflexion | |

Mechanical Masts / Field Masts (Please select one item per form):

| | | |
|--|--|---|
| <input type="radio"/> Stiletto® | <input type="radio"/> AntennaMast™ Model AM2 | <input type="radio"/> Other Mechanical Mast / Field Mast |
| <input type="radio"/> Mast Tilt System | <input type="radio"/> Hurry-Up Mast | |
| <input type="radio"/> Expedition Series® | <input type="radio"/> (QEAM) Quick Erecting Field Mast | |

Mast Accessories (Please select one item per form):

| | | |
|---|--|---|
| <input type="radio"/> D-TEC Safety System | <input type="radio"/> Pneumatic Hand Pumps | <input type="radio"/> Other Mast Accessory |
| <input type="radio"/> Stiletto HD | <input type="radio"/> Manual Antenna Positioners (MAP) | |
| <input type="radio"/> Pneumatic Compressors | <input type="radio"/> Electric Pan & Tilt Positioner | |

Description of Problem

| |
|-------|
| _____ |
| _____ |
| _____ |

Model Number: _____ Serial Number: _____

Please scan and attach any necessary images.

***Required Fields**