

WL7 SERIES

WARRANTY/RMA POLICY & PROCEDURE



CUSTOMER SERVICE:
TELEPHONE (562) 464-0099 TOLL FREE (800) 227-4116
FAX: (888) 771-7713

NOTE: For latest version of all Manuals (and replacements), download the Manuals from Maxon's website at www.maxonmobility.com.

MOBILITY WARRANTY

Type of Warranty: Full Parts and Labor
Term of Warranty: 3 years from ship date or 18,000 lift/lower cycles.

This warranty shall not apply unless the product is installed, operated and maintained in accordance with MAXON Lift's specifications as set forth in MAXON Lift's Installation, Operation and Maintenance manuals. This warranty does not cover normal wear, maintenance or adjustments, damage or malfunction caused by improper handling, installation, abuse, misuse, negligence, or carelessness of operation. In addition, this warranty does not cover equipment that has had unauthorized modifications or alterations made to the product.

MAXON agrees to replace any components which are found to be defective during the first 3 years of service, or 18,000 lift/lower cycles, whichever occurs first, and will reimburse for labor based on MAXON's Mobility Warranty Flat Rate Schedule.

All warranty repairs must be performed by an authorized MAXON Mobility warranty facility. For any repairs that may exceed \$500, including parts and labor, MAXON's Technical Service Department must be notified and an "Authorization Number" obtained. All repairs must be completed using genuine MAXON replacement parts.

All claims for warranty **must be received within 30 Days of the repair date**, and include the following information:

1. Wheelchair Lift Model Number and Serial Number
2. Number of "LIFTS" displayed on the Lift Controller
3. End User information, name and phone number
4. Detailed Description of Problem
5. Corrective Action Taken, and Date of Repair
6. Parts used for Repair, Including MAXON Part Number(s)
7. MAXON R.M.A. # and/or Authorization # if applicable (see below)
8. Person contacted at MAXON, if applicable
9. Claim must show detailed information, i.e. Labor rate and hours of work performed

Warranty claims can also be placed on-line at www.maxonlift.com. Online claims will be given priority processing.

All components may be subject to return for inspection, prior to the claim being processed. MAXON products may not be returned without prior written approval from MAXON's Technical Service Department. Returns must be accompanied by a copy of the original invoice and are subject to a credit deduction to cover handling charges and any necessary reconditioning costs. **Unauthorized returns will be refused and become the responsibility of the returnee.**

Any goods being returned to MAXON Lift must be pre-approved for return, and have the R.M.A. number written on the outside of the package in plain view, and returned freight prepaid. All returns are subject to a 15% handling charge if not accompanied by a detailed packing list.

MAXON's warranty policy does not include the reimbursement for travel time, towing, vehicle rental, service calls, oil, batteries or loss of income due to downtime. Fabrication or use of non Maxon parts, which are available from MAXON, is also not covered.

MAXON Mobility's Flat Rate Labor Schedule takes into consideration the time required for diagnosis of a problem.

All returned Lifts are subject to inspection and a 15% restocking fee. Any returned Lifts or components that have been installed or not returned in new condition will be subject to an additional reworking charge which will be based upon the labor and material cost required to return the Lift or component to new condition.

PURCHASE PARTS WARRANTY

Term of Warranty: 1 Year from Date of Purchase.

Type of Warranty: Part replacement only

MAXON will warrant all returned genuine MAXON replacement parts upon receipt and inspection of parts and original invoice.

All warranty replacements parts will be sent out via ground freight. If a rush shipment is requested, all freight charges will be billed to the requesting party.

Defective parts requested for return must be returned within 30 days of the claim date for consideration to:

MAXON Lift Corp.
10321 Greenleaf Ave., Santa Fe Springs, CA 90670
Attn: RMA# _____