

Attention Customer!

This card **must** be filled out & returned to RxAir in order to initiate warranty.

(Please print/type)

Date Installed _____

Unit Serial # _____ (inside unit-above filter)

Filter Serial # **F** _____ (on end of filter housing)

Owners Name/Company: _____

Address: _____

City: _____ State: _____ Zip: _____ + _____

Telephone: (____) _____

Purchased from: _____

Company Name: _____

----- Fold here and staple-----

Installation Check List

Unit delivered undamaged

Unit unpackaged as outlined in manual

Contents of manual covered by installer

Unit operation demonstrated

Filter changes demonstrated

Unit functioning properly at delivery

Signature: _____

Comments: _____

***To insure your RxAir 5-year warranty is not voided, you must use genuine RxAir parts and filters with their designed RxSeal foam seal.**

Place
Stamp
Here

RxAir Industries, LLC
12225 Greenville Avenue, #700
Dallas, TX 75243

----- Fold here and staple -----