



Calefactio Solutions Return Policy and Procedure

We believe in the reliability of our products however if a product is found to be defective or not required, the following procedures should be followed for obtaining a return reference.

1 –Defective product

Depending on the type of product, you will need to complete the appropriate return form and return it to the following address: returns@calefactio.com

Category	<i>Form to complete</i>	Warranty period
ASME	Return form Asme – Annex B	1 year
GMP	RMA request form (English version) _Annex A	1 year
Non-code	RMA request form (English version) _Annex A	5 years: série “HGT” + “HGTE” 1 year : série “HGTV” + “HGTEV”
Accessories and others	RMA request form (English version) -Annex A	1 year

Any complaint request must be duly completed in order to be able to deal with it properly and efficiently.

When your request is accepted, a return number will be submitted to you.

It will be very important to have this reference (RMA #) written on the return documents as any material returned without a reference will be refused.

2 –Products returned non-defective

When it comes to surplus or unwanted goods, a return reference should be requested at the following address: returns@calefactio.com

The item to be returned must be returned in good condition and returned at your expense. Please note that restocking fees will be charged in % which is at the discretion of the manufacturer. Upon receipt, everything will be subject to inspection.

It will be very important to have this reference (RMA #) written on the return documents as any material returned without a reference will be refused.

RMA REQUEST FORM

CREDIT WILL ONLY BE ISSUED FOR PREVIOUSLY INSTALLED PRODUCT THAT IS FOUND TO HAVE A MANUFACTURING DEFECT!

Please fill out below information IN AS MUCH DETAIL POSSIBLE to receive an RMA form

RMA Number:

Contractor Information

Company: _____ Contact: _____

Address: _____ City/State/Zip: _____

Phone/Fax: _____ E-mail: _____

Wholesalers Information

Company: _____ Contact: _____

Address: _____ City/State/Zip: _____

Phone/Fax: _____ E-mail: _____

Application product was used in:

Part #/Qty: _____ Date Purchased/Invoice#: _____

Install Date: _____ Failure Date: _____

Installing Contractor: _____

Problem with product (please be specific): _____

***** Before sending the form, would you kindly provide copy of the product label where it show the production date of the unit *****

Please return this form by email to returns@calefacio.com

RETURN - EXPANSION TANKS

RETOUR - RÉSERVOIRS D'EXPANSION

ANALYSIS CHECKLIST FOR MODEL / LISTE D'ANALYSE POUR MODÈLE : _____

YOUR PO # / VOTRE #PO : _____

CALEFACTIO'S FACTORY ORDER # / #COMMANDE CALEFACTIO : _____

Please provide the following information in order to aid us in determining the cause of failure.
Veuillez fournir les informations suivantes afin de nous permettre de déterminer la cause de la défaillance.

Shipment date / Date d'envoi : _____

Installation date / Date d'installation : _____

Failure date / Date de défaillance : _____

Serial number (top right) / Numéro de série (coin supérieur droit de la plaque signalétique) : _____

Total system volume (heating) / Volume total du système (chauffage)
OR / OU _____ Gal or/ou _____ L

Volume of the water heater and storage tank / volume du chauffe-eau et des réservoirs
de stockage _____ Gal or/ou _____ L

Maximum operating temperature/ température maximale d'opération _____ °F or/ou _____ °C

Maximum pressure of the relief valve / Pression maximale de la valve de surpression _____ PSI or/ou _____ kPa

Operating pressure of the system / Pression d'opération du système _____ PSI or/ou _____ kPa

have you added any pressure to the expansion tank before installing it ? If so, how
many PSI / Avez-vous ajouté de la pression dans le réservoir avant l'installation? Si oui
combien de PSI ? _____ PSI or/ou _____ kPa

Is the system protected against shock or sudden pressure surges to protect against water
hammer ? / Le système est-il protégé contre les changements de pression soudains ou
les coups de bélier ? YES/OUI _____ NO/NON _____

Brief description of the leak or problem, including severity and location / Brève description de la fuite ou du problème,
incluant sévérité et localisation :

Les Solutions Calefactio inc.
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Blainville, Québec (Canada)
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T 450 951.0818
F 450 951.2165

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