

WARRANTY PROGRAM REGISTRATION FORM



Thank you for choosing DILO! We stand behind our products and truly appreciate your business. Please take a moment to fill out our Warranty Program Registration Form to get the fastest service possible and to ensure extended warranty protection. Please e-mail the completed form to sales@dilo.com or fax it to 866-281-1119. You may also mail the form to the address below:

DILO Company, Inc.
Attn.: Aftersales
11642 Pyramid Drive
Odessa, FL 33556

Thank you for providing us with your information.
-The DILO Service Team

***Mandatory Field**

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SF₆ Gas Handling Devices and Units

Type / Model #: _____ NR.# (e.g.: SG-1234): *

Serial #: *

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SF₆ Gas Measuring Devices

Type / Model #: _____ Serial #: *

Final Location of DILO Equipment:

Company: *

Street: *

City: _____ State: _____ Zip Code: _____ Country: *

Contact Person

First Name: _____ Last Name: *

Department / Title: _____ Phone: *

Fax: _____ Email: *

Secondary Contact Person:

First Name: _____ Last Name: *

Department / Title: _____ Phone: *

Fax: _____ Email: *