

GUARANTEE/WARRANTY

The **EZEKLEEN 2.5** is guaranteed to produce the quality of water necessary to comply with all autoclave/steam sterilizer manufacturer's TDS (total dissolved solids) requirements when used in accordance with manufacturer's directions. This unit is intended to be used with source water meeting USA EPA National Drinking Water Regulations or Canadian Drinking Water Guidelines. Do not supply the **EZEKLEEN 2.5** with water that is micro-biologically unsafe or of unknown quality without adequate disinfection before or after the unit. Liability is limited to autoclave/sterilizer boiler repair or replacement while under manufacturer's warranty upon given proof manufacturer's TDS requirements have not been met when the **EZEKLEEN 2.5** has been used in accordance with manufacturer's (Oasis) directions.

For a period of one year, Oasis Dental Group Inc. guarantees the **EZEKLEEN 2.5** to be free of defects due to workmanship including all components (with the exception of the De-ionization cartridge) when delivered to the customer in new, unused condition by an acknowledged dealer of Oasis Dental Group Inc. products.

In the event of failure due to such defects, within this period of time, the exclusive remedies shall be repair or replacement, at Oasis Dental Group Inc.'s option and without charge, of any defective part(s) provided to Oasis Dental Group Inc. in writing within thirty (30) days of the date of such failure and further provided that the defective part(s) are returned to Oasis Dental Group Inc. freight prepaid.

Any express warranty not provided here on, or any implied warranty or representation as to the performance which may arise by implication not in this provision for the **EZEKLEEN 2.5** is excluded and disclaimed by Oasis Dental Group Inc.

Warranty Certificate

Keep this and your original invoice of purchase in your permanent records for proof of warranty.

Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal: _____

Phone Number: () _____

Date of Purchase: Mo: _____ Day: _____ Year: _____

Dealer's Name: _____ City: _____



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