

Tank Warranty Validation Card

Complete this form to validate your ConVault® warranty. This card must be completely and accurately filled out and returned to ConVault® within 30 days after the tank is installed, or 90 days after the tank is shipped from the manufacturer, whichever comes first.

U.L. Label # _____ Date of Shipment _____ Date of Installation _____

Tank Contents _____ Tank Size _____

TANK OWNER INFORMATION

Type of business or SIC: _____

Tank is installed at: _____
(Business Name)

Street Number _____ Street Name _____
(Do not use a station number or P.O. Box number here)

City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____
(If different from above)

Contact Person _____ Phone _____

Contact Person's E-mail _____

Installer's Name _____ Installer's Phone _____

PRODUCT STORED

- | | | |
|---|--|--|
| <input type="checkbox"/> Crude Oil | <input type="checkbox"/> Kerosene for heating purposes on premises | <input type="checkbox"/> Methanol Blended Gasoline |
| <input type="checkbox"/> Diesel Fuel for heating purposes on premises | <input type="checkbox"/> Leaded Gasoline | <input type="checkbox"/> AVGas |
| <input type="checkbox"/> Diesel Fuel for powering motor vehicles | <input type="checkbox"/> Unleaded Gasoline | <input type="checkbox"/> Jet Fuel |
| <input type="checkbox"/> Heating Oil (Petroleum #1, #2, #4, #5 heavy or #6) | <input type="checkbox"/> Premium gasoline | <input type="checkbox"/> Waste Oil |
| <input type="checkbox"/> Regular Unleaded Gasoline | <input type="checkbox"/> Other Substances: please specify _____ | |

Please indicate in what setting this tank will be used

- | | | | | | |
|--|---------------------------------------|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Private residence | <input type="checkbox"/> Gas Station | <input type="checkbox"/> Jobber | <input type="checkbox"/> Car Dealer | <input type="checkbox"/> Hospital | <input type="checkbox"/> Marina |
| <input type="checkbox"/> Utility Service | <input type="checkbox"/> Farm/Nursery | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Quick Lube | <input type="checkbox"/> Government | <input type="checkbox"/> School |
| <input type="checkbox"/> Fleet Owner | <input type="checkbox"/> Airport | <input type="checkbox"/> Industrial Site | <input type="checkbox"/> Other: please specify _____ | | |

The undersigned purchaser/owner understands that the ConVault® Limited Warranty is conditional upon installation, operation, and maintenance of the tank in accordance with the manufacturer's instructions. The purchase/owner acknowledges the manufacture's requirements for site selection and foundation for the tank.

Owner/Purchaser name and Address _____

Signature _____ Date _____ Phone No. _____

Return this form by fax to (209) 632-4711, or by postal mail to ConVault, Inc., 4109 E. Zeering Road, Denair, CA 95316.
If your software allows the option, you may return it by email to info@convault.com. Questions call (209) 632-7571.