

AESCULAP®

AESCULAP POWER WARRANTY

Please Retain for Your Records

All Aesculap Power Equipment under sale of Movora and its subsidiaries is subject to the following terms:

From Date of Purchase, the following warranties are stated:

- Batteries (New) only for GA666 3Ti NiMH Battery Short, GA346 Lithium Ion, GA676 NiMH Battery Long......90 Days
- Battery Charging System GA 320......I Year
- Accessories for system maintenance are not under warranty at the time of sale.

Movora and its subsidiaries hold the rights to exclude warranties based off of periodic maintenance and repair or replacement of parts due to normal wear and tear, improper care procedures and misuse of intended power equipment.

This Warranty is invalid if the factory applied serial number has been altered or removed from the equipment.

This Warranty does not cover:

- · Cosmetic damages due to accident, misuse, abuse, negligence, commercial use or modification of any part of the equipment.
- Damage due to improper operation or maintenance, connection to improper voltage supply (if applicable)
- Attempted repair by any other party other than Veterinary Orthopedic Implants.

Repair and Refurbishment Warranty

All hand pieces and attachments will be returned to customer with a 90 day part and labor warranty starting on the date of completed repair. Proof of purchase in the form of a bill of sale or receipted invoice, which is evidence that the equipment is within the Warranty period, must be presented to obtain Warranty service.

Warranty on all Aesculap Power Equipment is VOID for the following reasons:

• Improper care

- Improper use
- · Damage from dropping

Refer to your Aesculap Care and Maintenance manuals received upon purchase to ensure your warranties are valid. Your Customer Account Specialist will set a date to go over the care and maintenance of your equipment. Please make yourself available on the date discussed.

Read further for specific dates and signature authorizations.

Your date of pu	rchase for the power equipment below was sold to you on Sales Order#_	
Hand piece(s)	QTY:	
Attachment(s)	QTY:	
Battery(ies)	QTY:	
Charging Station((s) QTY:	
DVM Authorize	ed Signature:	Date:
Office Administrator Authorized Signature:		Date:
Lead Surgical Technician Authorized Signature:		Date:
Movora Account Representative Authorized Signature		Date [.]

For more information or questions regarding your warranty please contact repairs@movora.com