



Warranty Claim Form

Warranty Claim				
Claim No.		Date Issued		
Model No.		Serial No.		
Customer Name		Customer Tel.		
Bill-To				
Bill-To Name				
Street Address				
City / State / Zip				
Tel / Fax / Email				
Ship-To <input type="checkbox"/> check if same as Bill-To				
Ship-To Name				
Street Address				
City / State / Zip				
Tel / Fax / Email				
Parts Description				
Part No.	Description	Qty.	Labor Credit	Parts to Be Returned?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
TOTAL LABOR CREDIT				

NOTE: This form must be returned with the Field Service Report (LIT- 48) signed by the customer to be eligible for labor credit. If this form is not returned (with any applicable parts) within 45 days of warranty claim number issue date, the warranty labor credit will not be allowed.

Authorized By: _____