



WARRANTY CLAIM FORM

Please fill out COMPLETELY and ACCURATELY for processing. **Claims must include proof of purchase (invoice or legible sales receipt) No Proof, No Claim!**



2012 / 2013 SEASON



Date: _____

Acct No: _____

Customer's
Name: _____

Contact: _____

Address: _____

Phone: _____

Fax: _____

Model# _____

Serial# _____

Mfr Name: _____

Is customer requesting labor?	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>
*Amt. Requested:	\$	
*Restrictions Do Apply And Are Based On Individual Manufacturers Policies		

Date of Purchase: _____

Original Order / Invoice No: _____

Defective: _____

Date of Failure: _____

Missing: _____

Reason for Failure: _____
(Be specific-the words
"defective" or "bad" are
not sufficient)

Parts Used for Repair: _____
(check box if you need
parts sent!!)

☐

↓ (FOR INTERNAL USE ONLY) ↓

SOE: _____

CME: _____

W.T.# _____

RGE: _____

PO# _____

C.T.# _____

342 North County Road 400 East, Valparaiso, IN 46383
Phone: 800-362-6951 Fax: 800-255-7985

Doc. No. _____

Date Claim Filed w/ Mfr. _____

(Rev. 6) 090109