



# WARRANTY CLAIM FORM

Claim #:	
Customer Acct #:	
Customer Name:	
Customer Address:	

Date Assigned:

### Claims Against Equipment Purchases

Equipment Serial #:	
Equipment Model:	
In Service Date:	
Failure Date:	

### Claims Against Parts Purchases

Parts Order #:	
Received Date:	

Customer Order #	Part #	QTY	Part Description	Unit Price	Extended Price
					-
					-
					-
					-
					-
					-
					-
					-
				Total Gross Amount	\$ -
				Taxes	
				Freight	\$ -
				Total Net Amount	\$ -

Notes:

Approved:	Denied:
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_