WARRANTY CLAIM FORM

Phone: 1-800-428-2538 JRB Fax: 330-734-3018
C&P Fax: 423-396-3317

Office Use Only: **Claim No #:**_____

Date Received:_____

DEALER INFORMATION

Dealer Name:_____ Contact:_____
Address:_____ Phone:_____
_____ Fax:_____
_____ Email:_____
Dealer Claim No. / Work Order No.:_____
(Note: Please include copy of work order and service report)

COUPLER / ATTACHMENT INFORMATION

Serial #:_____ PCN:_____ Hours:_____
Machine Model:_____ Application:_____RMA#:_____
Failure Date:_____ Repair Date:_____

DETAILS OF FAILURE: _____
_____
_____
_____
_____

CORRECTIVE ACTION:_____
_____
_____
_____
_____

Total Labor Hours	Total Labor Cost	Freight	Misc. & Outside Cost

Part Number	QTY	Description	Cost
		Total Parts Cost:	
		Total Claim Cost:	