

Claim # \_\_\_\_\_

Return # \_\_\_\_\_

CUSTOMER NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____ FAX _____ CHECK ONE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> CONSUMER	DEALER NAME _____ ACCOUNT NO. _____ PHONE _____ FAX _____ PERSON TO CONTACT _____ SIGNATURE _____
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DISTRIBUTOR _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ SIGNATURE _____ DEALER LABOR RATE LEVEL _____	PART PURCHASED _____ DATE PURCHASED _____ INVOICE NO. _____ DATE INSTALLED _____ DATE FAILED _____ HOURS PART USED _____
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EQUIPMENT MANUFACTURER \_\_\_\_\_

DESCRIPTION \_\_\_\_\_ MODEL NO. \_\_\_\_\_

SERIAL NO. \_\_\_\_\_ ENGINE MAKE \_\_\_\_\_

ENGINE MODEL NO. \_\_\_\_\_ SPEC OR TYPE NO. \_\_\_\_\_

DESCRIPTION OF AND PROBABLE CAUSE OF FAILURE (*WORD DEFECTIVE NOT SUFFICIENT*)

  
  
  

WORK PERFORMED IN DETAIL

  
  
  

QTY.	PART NO.	DESCRIPTION	DEALER COST	TOTAL	LABOR HOURS	STENS USE ONLY

<b>STENS USE ONLY</b>		
<b>STENS USE ONLY</b> D/B _____ S/G _____ ID _____	WARRANTY CREDIT PARTS _____ FREIGHT _____ LABOR _____ HRS @ RATE _____/HOUR TOTAL LABOR _____ TOTAL CREDIT _____	INVOICE NO. _____ DATE _____ RETURN YES / NO