



WARRANTY CLAIM FORM

ATTACH FORM WITH PRODUCT WHEN SENDING IN FOR WARRANTY

PURCHASED FROM:			Phone Number:
Address:			
Customer Name:			Model Number:
Address:			Serial Number:
City:	State:	Zip:	Comp.Serial Num.:
Phone Number:			Authorization Num:
Installer Name:			Date Failed:

PART NUMBER	DESCRIPTION	QTY	COST TOTAL

APPLICATION	YEAR / MAKE / MODEL

DESCRIBE CONDITION AND CAUSE OF FAILURE: