



## WARRANTY CLAIM FORM

**WARRANTY WILL BE VOID IF CLAIMS ARE NOT FILED WITHIN 30 DAYS OF THE FAILURE DATE!  
ALL AREAS MUST BE COMPLETED OR WARRANTY CLAIM WILL BE RETURNED.**

**Purchaser / Buyer**

Dealer _____ Address _____ _____ _____ Contact Name _____ _____	Claim # _____ Kit Serial # _____ Purchase Order # _____ Date of Kit Order _____
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**Base Machine**

**Attachment(s)**

Make _____ Model _____ Serial # _____	Make _____ Model _____ Serial # _____
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**Hydraulic Kit**

Relief Pressure Setting _____ PSI	Kit install Date _____
Oil Flow _____ GPM	Date of Failure _____
Circuit Operating Hours _____ Hrs	Date Corrected _____

Part Number	Part Description	QTY	Unit Price (\$)
<b>Total Amount:</b>			

Describe the complaint/failure in detail including correction : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE: Complete explanation is required when submitting this form - attach extra sheet, photo or sketch of failed parts.**