



Warranty Claim Form

DYN #: _____ Date: ____/____/____

Repair Facility Information

Company Name:			
Address:		City:	State: Zip:
Phone Number:		Fax Number:	
Contact Person:			

Customer Information

Company Name:			
Address:		City:	State: Zip:
Phone Number:		Fax Number:	
Contact Person:			

Truck Information

Year:	Make:	Model:
VIN #:		
Engine:	Transmission:	Color:
Unit Type:	Unit Series:	
Unit Condition:	Truck Mileage:	

Warranty Complaint Description— please be as specific as possible and list all parts that warranty is being requested.

Internal Office Use ONLY - Internal Office Use ONLY - Internal Office Use ONLY

Warranty Resolution

Warranty Approved. Your Repair Authorization Number is: RA _____

This Warranty Repair has been Approved for the following -

- Parts at _____% Coverage. Replacement Warranty Parts will be sent to you Regular Ground Shipment.
- Labor at _____% Coverage, and \$ _____ per hour for _____ hours.

Warranty Denied for the following reason: _____

Warranty Reviewed By: _____ Date: ____/____/____