

WARRANTY CLAIM FORM



****A COMPLETED WARRANTY REGISTRATION MUST BE RECEIVED PRIOR TO PROCESSING A WARRANTY CLAIM****

DYN #:	DATE:
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REPAIR FACILITY INFORMATION:

COMPANY NAME:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE:	FAX:	EMAIL:	
CONTACT PERSON:			

CUSTOMER INFORMATION:

COMPANY NAME:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE:	FAX:	EMAIL:	
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 IS APPROVED.	YOUR REPAIR AUTHORIZATION NUMBER IS: RA
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THIS WARRANTY REPAIR HAS BEEN APPROVED FOR THE FOLLOWING:

PARTS AT:	%	REPLACEMENT WARRANTY PARTS WILL BE SENT TO YOU VIA REGULAR GROUND SHIPMENT. EXPEDITED SHIPPING IS AT AN ADDITIONAL COST.
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LABOR AT:	%	COVERAGE, AND \$	PER HOUR FOR	HOURS
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WARRANTY DENIED FOR THE FOLLOWING REASONS:

WARRANTY REVIEWED BY: