



# Dealer WARRANTY CLAIM FORM

Dealers: You **MUST** fill out the UNDERLINED TEXT areas in order to be reimbursed!  
(USE REVERSE SIDE IF ADDITIONAL SPACE IS REQUIRED)

RMA#	<u>Labor Cost \$ 65.00 maximum</u>
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<u>CUSTOMER NAME (Product Owner):</u>		
<u>Address:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip:</u>
<u>Phone:</u>	<u>Signature: X</u>	

INSTALLER NAME:		
Address:		
City:	State:	Zip:
Phone:	Contact:	

DEALER NAME:		
Address:		
City:	State:	Zip:
Phone:	Contact:	

<u>MODEL NUMBER:</u>	<u>SERIAL NUMBER:</u>
<u>PURCHASE DATE:</u>	DATE OF ORIGINAL INSTALLATION: _____
<u>PART NUMBER(S)</u> _____	
LABOR REIMBURSEMENT	NO <input type="checkbox"/> YES <input type="checkbox"/>
<u>NATURE OF SERVICE PERFORMED:</u> _____	
NATURE OF PROBLEM AND DATE OCCURRED: _____	
<u>PERSON PERFORMING SERVICE:</u> _____	