



WARRANTY CLAIM APPLICATION

(1) **Dealer** _____

Contact _____

Title _____

Phone _____

Email _____

(2) **Customer** _____

Address _____

City _____ State _____ Zip _____

Phone _____

(3) **Model Number** _____

Serial Number _____

(4) **Date Purchased** _____

Date of Failure _____

Date of Repair _____

(5) **Nature of Failure**



(6) Opinion as to cause of failure and recommendations

Check here if parts were returned
(Claim must have an RGA number)

Returned Goods Authorization Number
(Contact factory for number)

Parts and/or Labor used for Repair

Qty	Part Number	Description	Labor Hours	Labor Rate

Applications will **NOT** be considered if:

1. Claim is received more than thirty (30) days after date of failure.
2. Defective parts are not received within thirty (30) days of claim.
3. Inspection indicates part was subject to abuse or lack of maintenance.
4. Must fax copy of invoice if parts were purchased from FPI.