



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

Make _____
 Model _____
 Serial # _____

Attachment(s)

Make _____
 Model _____
 Serial # _____

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 (\$)
Total Amount:			

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.

 Dealer Service Manager (Signature)

250 Fluid Drive • McDonough, GA 30253
 Toll Free: 888-603-0080 Fax: 770-474-6165