



Warranty Claim Form

Return Claim Forms To:
 PowR-Quip Industrial, Inc.
 Attn: Service Center Accounts
 1112 San Pedro NE Suite 213
 Albuquerque, NM 87110
 505-281-6013 Fax

Need additional forms? Check here

Dealer Name:		Dealer Number:		Repair Date:	
Dealer Phone Number:		Model Number:		Repair Order No:	
Customer Name:		Serial Number:		Purchase Date:	
Customer Phone Number:		Sold By:		Invoice #	
Customer Contention:				Corrective Action:	
Part No:	Qty.	Dealer Net:	Description:	Labor Op No.:	Flat Rate Time
				Total Flat Rate Time (Hrs, Tenths)	
				Total Hourly Rate \$/Hour:	
Notes				DEALER CALCULATIONS	
				Total Parts: \$ _____	
				Freight: \$ _____	
				Labor: \$ _____	
				Claim Total: \$ _____	
Service Mgr. Signature:			Repair Date:	Claim Date:	
<u>FACTORY USE ONLY</u> (Please Do Not Write In this space)				DISPOSITION	
				<input type="checkbox"/> Approved As Requested <input type="checkbox"/> Approved Partial <input type="checkbox"/> Inadequate Information <input type="checkbox"/> Incorrect Information <input type="checkbox"/> Ordered Parts <input type="checkbox"/> Not Approved <input type="checkbox"/> Final	
PowR-Quip Industrial, Inc. Authorizing Signature:			Date:		