Warranty Claim Form

Section 1: Dealer / Purchased History:

Date:		Distributor Purchased From:		Dealer #:	
Distributor or Dealer Name:					
Address:		City:		State:	Zip:
Customer/End User Name:					
Address:		City:		State:	Zip:

Section 2: Equipment Information:

Model:		Serial # / Mfg Date Code:		Date of Installation:		Date of Failure:	
Vehicle Make & Model:				Date of Repair:			

Detailed Description of failure / reason for credit request /attach copies of invoices

Dealer Signature:	

Section 3: Repair Information:

List All Parts Replaced:

Qty:	Part #:	Description:	Return Part?:	Amount:
			Total Parts:	

Warranty Labor:

Repair Code:	Description of Work Performed:	Hours:	Total:
		Total Labor Allowance:	
	Explain & Attached Receipts for "Other Credits"	Other Credits:	

Total Labor & Other Credits:	
Total Credit Requested:	

Parts to be returned via:

- ○ **UPS**
- ○ **Commercial Carrier**
- ◉ **Customer Drop-Off**

For Internal Use at Curtis Industries only

☐ **Claim Approved** ☐ **Claim Pending** ☐ **Claim Denied**

COMMENTS:

Warranty Claim #: _____

Email Completed form to: info@curtiscab.com
Or Fax back to (508) 854-3377