

WARRANTY CLAIM

OTHER



2021 Truax Boulevard
 P.O. Box 265
 Eau Claire, WI 54703
 Phone: (715) 835-3151
 Fax: (715) 835-6625

CLAIM NUMBER

- Instructions:
1. PRE-APPROVAL AND CLAIM NUMBER MUST BE RECEIVED PRIOR TO BEGINNING WARRANTY WORK.
 2. WARRANTY CLAIM MUST BE RECEIVED WITHIN 30 DAYS OF REPAIR DATE TO BE CONSIDERED FOR WARRANTY APPROVAL.
 3. ALL LABOR CLAIMS MUST BE SUBMITTED WITHIN 90 DAYS FROM THE TIME OF WARRANTY APPROVAL.
 4. Claim Number must appear on all correspondence involved in this claim.
 5. Use a separate claim form for each machine/occurrence.
 6. Unless otherwise instructed, all defective parts must be returned PREPAID to Wollard International for warranty consideration.
 7. Copy of substantiating invoices for parts must accompany claim or return.

Dealer Name: _____

Customer Name: _____

Address: _____

Address: _____

Dealer Signature: _____

Customer Signature: _____

Model No. _____ Serial No. _____

Engine Serial No. _____

Date Sold: _____ Date Failed: _____

Hours: _____ Date Repaired: _____

PARTS/RETURN MATERIALS					REASON FOR CLAIM <small>(use additional sheet if necessary)</small>
QTY	PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL	
<input type="checkbox"/> CLAIM APPROVED <input type="checkbox"/> CLAIM DENIED Reason for denial: _____			Total Parts		
			Labor Rate		
			Labor Hours		
			Total Labor		
			TOTAL CLAIM		

WOLLARD INTERNATIONAL AUTHORIZED SIGNATURE: _____ DATE: _____