



WARRANTY CLAIM CHECK LIST

Fax: 614.448.4862

Customer Info:

☐ Customer Name: _____
☐ Address: _____
☐ City/State/Zip: _____
☐ Country: _____
☐ Phone: _____
☐ Email: _____

☐ Date Installed: _____
☐ Date Failed: _____
☐ Hours @ Installation: _____
☐ Hours @ Failure: _____
☐ Total Hours On Part: _____

Machine Info:

☐ Make & Model: _____
☐ Serial Number: _____

☐ Date Installed: _____
☐ Date Failed: _____
☐ Hours @ Installation: _____
☐ Hours @ Failure: _____
☐ Total Hours On Part: _____

Track Information:

☐ Track Serial #: _____
☐ Track Size: _____
☐ Track Brand: _____

Required Photographs:

Track Serial # & Brand Stamp



Tracks On Machine



5 Or More Photos Of Failure



PO#: _____

Sales Rep: _____

Date Of Sale: _____

Date Received: _____

Received By: _____

Result: _____