

WARRANTY/DEFECT CLAIM FORM

Date Submitted: _____

(Fill in as much information as possible)

Supplier Name: _____ Claim #: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Contact Name: _____

Purchaser Name: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Contact Name: _____

Account Number: _____

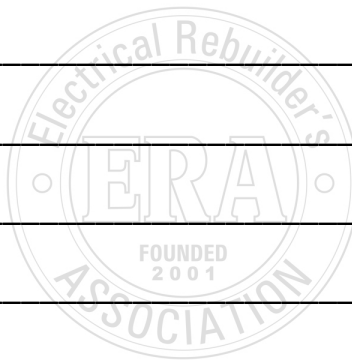
Part Number: _____ Qty: _____ RGA/RMA Number: _____

Part Description: _____ Date Code/Lot #: _____

Date Purchased: _____ Date Installed: _____

Date Failed: _____ Invoice Number: _____

Describe Failure or Defect in Detail: _____



Resolution: Account Credit Refund Replaced Part Warranty Denied Other
