



NORTH AMERICAN DEALER | WARRANTY CLAIM FORM

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SERVICE FACILITY CLAIM REFERENCE

Submittal date: _____

Service facility: _____

Address: _____

Name (please print): _____

Contractor: _____

Job name: _____

Job address: _____

Installation date: _____ Trouble reported date: _____

Model: _____ Size: _____ S/N: _____

Motor data: _____
Manufacturer HP RPM Voltage

Additional information: _____

Trouble reported: _____

Service facility comments: _____

What, in your opinion caused the failure? _____

PARTS USED FOR REPAIR

QTY	ARMSTRONG PART#	DESCRIPTION

FOR ARMSTRONG USE ONLY

Date received: _____

WAR - BAAN reference: _____

WCR - BAAN reference: _____

Warranty account: _____

Reference field A: _____

Reference field B: _____

Representative: _____

Original sales order: _____

Additional information: _____

Sales text: _____

Parts approved by: _____

Labour approved by: _____

Order entered by: _____

Date entered: _____

REQUESTED LABOUR ALLOWANCE

# OF HOURS	RATE	DESCRIPTION OF WORK	TOTAL

ATTACH **MARATHON** ONLY NAME PLATE HERE
(NAMEPLATE CAN BE REMOVED WITH HAIR DRYER)

OR

**STANDARD FEE
ALLOWANCE**

\$ _____

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