



WARRANTY CLAIM FORM

Distributor	Date	Tracking #
Address		
City, Province/State	Zip/Postal Code	Distributor Claim #
Phone #	WBM Assembly #	Serial #
Machine Model #	Completed By	Distributor W/O #
Customer	Address	
City, Province/State	Zip/Postal Code	
Date Delivered to First User	Date of Failure	Hours Used

NATURE OF FAILURE

DESCRIBE ANY INDICATION OF DEFECTIVE MATERIAL OR WORKMANSHIP

LIST PARTS CLAIMED

QTY	PART NUMBER	DESCRIPTION	INV. NO.	NET COST	WBM USE

Have parts been returned to factory? Yes No

Date Shipped: _____

How shipped? _____ Bill of Lading: _____

SERVICE LABOUR (\$132.50/hour)	hours
TOTAL LABOUR	\$
NET CLAIM	\$

FOR WELDCO OFFICE USE ONLY

Date Claim Received in our office: _____

Documentation Attached? Yes

DISPOSITION

No

More Information Requested? Yes No Date: _____

Recommended By: _____

Settlement: _____ Amount: _____

Date: _____