



Warranty Claim Form

Date: ___/___/___

Customer Claim No. _____

Customer Information	Dealer/Rep Information
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ St: _____ Zip: _____	City: _____ St: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
E-mail: _____	E-mail: _____

Product Information

Product Name: _____ Model #: _____ Serial #: _____ Hours: _____

Date Purchased: ___/___/___ Date Put In Service: ___/___/___ Date of Failure: ___/___/___

Description of Failure: _____

Cause of Failure (if known): _____

LABOR

Hours	Rate	Description	Cost
			\$
			\$
			\$

Transportation, travel, pick-up, lost revenue, delivery, and freight costs are ABSOLUTELY NOT covered by ABI Warranty.

PARTS

Return Parts RGA# _____

Qty.	Part Number	Description	Allmand Inv. #	Cost
				\$
				\$
				\$

ALL returnable parts MUST be received and have an RGA number before processing.
Please return parts within 30 days for prompt processing of warranty claim.

Return to:

Allmand Bros. Inc.
Warranty Dept.
1502 W 4th Ave.
Holdrege, NE 68949

Toll-Free: 800-562-1373
Phone: 308-995-4495
Fax: 308-995-5887
Web Site: www.allmand.com

Total labor cost of repair/replacement of parts only:	LABOR \$
Total cost of part(s) used in repairing unit:	PARTS \$
Total amount claimed, parts and labor combined:	TOTAL \$

Filed by: _____ Title: _____

Labor performed by: _____ ABI contact: _____

For office use only

Claim is / is not granted. Authorized signature: _____ Date: ___/___/___

Comments: _____

Action Directed: _____

TOTAL CREDIT: \$ _____