

Allmand™

WARRANTY CLAIM FORM

Return to:
 Allmand Bros., Inc.
 Warranty Department
 1502 West 4th Avenue
 Holdrege, NE 68949

T| 800.562.1373
 P| 308.995.4495
 F| 308.995.5887
 www.allmand.com

Date: ___/___/___

Customer Claim No. _____

Customer Information	Dealer/Rep Information
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____	Phone: (____) _____ Fax: (____) _____
Email: _____	Email: _____

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 NOT covered by Allmand warranty.

PARTS

Quantity	Part #	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.

Total LABOR cost of repair/replacement of parts only:	\$
Total cost of PART(S) used in repairing unit:	\$
Total amount claimed (LABOR + PARTS):	\$

Filed by: _____ Title: _____ Phone: (____) _____
 Labor performed by: _____ Allmand contact: _____

For office use only

Claim is granted / not granted.

Authorized signature: _____ Date: ___/___/___

Comments: _____

Action Directed: _____

TOTAL CREDIT: \$ _____