



DEALER WARRANTY CLAIM FOR SERIAL NUMBERED EQUIPMENT

DEALER AND ADDRESS			
		EQUIPMENT TYPE	
OWNER AND ADDRESS		SERIAL NUMBER	
		MODEL NUMBER	
		DATE EQUIPMENT INSTALLED	
		DATE EQUIPMENT FAILED	

CLAIM NUMBER	
DATE OF CLAIM	

CAUSE OF FAILURE AND CORRECTIVE ACTION

PARTS/MATERIAL					LABOR		
ITEM	QTY.	DESCRIPTION	GK PART NUMBER	PRICE	SHOP RATE	x HOUR	= AMOUNT
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

THIS CLAIM MEETS ALL CONDITIONS OF WARRANTY Total Parts: _____

DEALER'S SIGNATURE _____ Total Labor: _____

NOTE: THIS FORM MUST BE FILLED IN COMPLETELY. FORMS NOT COMPLETE WILL BE RETURNED CAUSING A DELAY. ONE SERIAL NUMBER PER FORM.

THIS SPACE FOR GK MACHINE USE	
COMMENTS: _____ _____ _____ _____ _____	AMOUNT APPROVED BY: _____ TOTAL LABOR: _____ TOTAL PARTS: _____ TOTAL APPROVED: _____
*THIS HAS BEEN CREDITED TO YOUR ACCOUNT CREDIT MEMO: Original Invoice:	
OLD PARTS DISPOSITION: <input type="checkbox"/> RETURN TO FACTORY <input type="checkbox"/> SCRAP AT DEALER <input type="checkbox"/> HOLD FOR INSPECTION	