



Warranty Claim Form

Date _____	Customer Name _____	Customer Account # _____
Manufacturer _____	Model # _____	Serial # _____
Failed Part # _____	ALGGIN Part # _____	Date Code _____
New Part # _____	ALGGIN Part # _____	Original Invoice # _____
		Replacement Packing Slip # _____
		Replacement Invoice # _____

Reason for Failure:

Manufacturer's Warranty Claim # _____

Deposition of Failed Part

FIELD SCRAP RETURN TO MFG KEEP FOR FOLLOWUP

Shipping Ref # _____

Office Use Only

Received Vendor Credit or Part Replaced <input type="checkbox"/>	Returned Part Location _____
No Warranty Allowed <input type="checkbox"/>	Disposed <input type="checkbox"/>
	Or Returned <input type="checkbox"/>

Submitted By: _____

Authorized By: _____

Branch: _____

*****Please ensure that the current packing slip is attached.**