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WARRANTY CLAIM

Date:		Filled Out By:		Email or Fax:		
Dealer Name:						
Address:			City	State/Prov	Zip/Postal Code	
Customer Name:						
Address:			City	State/Prov	Zip/Postal Code	
BASE UNIT OR ATTACHMENT THAT FAILED						
Model:		Serial#		Bundle Count:		
Date of Purchase:		Date of Failure:		Date of Repair:		
DESCRIPTION OF FAILURE/REASON FOR CREDIT					COMPANY USE ONLY	
					Claim #	
					Processed By:	
					<input type="checkbox"/> Claim Approved <input type="checkbox"/> Claim Pending Return & Inspection <input type="checkbox"/> Claim Denied	
PARTS REPLACED (Items checked must be returned to factory)						
Quantity	Part #	Description	Unit Price	Amount Claimed	Amount Approved	x
WARRANTY LABOUR (Do not include travel time and/or travel cost)				Total Parts		
Hours/Description		Rate	Total	Total Labour		
				Total Credits		
				Return Parts By:		<input type="checkbox"/> UPS <input type="checkbox"/> OTHER