

[FOR OFFICE USE ONLY]

CLAIM #: _____

RMA#: _____

WARRANTY CLAIM FORM

DEALER NAME: _____

CONTACT NAME: _____

INVOICE/ORDER #: _____

DATE OF CLAIM:	
PURCHASED DATE:	
DATE PUT IN SERVICE:	
FAILURE DATE:	
MODEL #:	
SERIAL #:	
HOURS USED:	

PART NUMBER[S]	QUANTITY

CUSTOMER INFO:

CONTACT NAME:	
COMPANY NAME:	
PHONE #:	
ADDRESS:	
CITY, STATE:	
ZIP:	

REASON FOR CLAIMING WARRANTY:



REMIT TO: Your Account Manager:
 adavis@bazookafarmstar.com
 mredlinger@bazookafarmstar.com