



WARRANTY CLAIM FORM

CUSTOMER INFORMATION

COMPANY NAME:	WARRANTY CLAIM DATE:	CONTACT PERSON TITLE:
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CONTACT PERSON FIRST NAME:	CONTACT PERSON LAST NAME:	CONTACT PERSON EMAIL:	CONTACT PERSON PHONE:
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PRODUCT DESCRIPTION: _____

WSD ITEM PART NUMBER/SKU: _____ DATE OF PURCHASE: _____

WSD ITEM SERIAL NUMBER: _____ DATE OF FAILURE/DISCOVERY: _____

QUANTITY AFFECTED: _____

DETAILED DESCRIPTION OF PROBLEM OR FAILURE: _____

DID THE DEFECT OCCUR DURING INSTALLATION, USE OR STORAGE?: _____

ANY ADJUSTMENTS, REPAIRS OR MODIFICATIONS ATTEMPTED?: _____

AMOUNT SPENT ON DIAGNOSTIC SERVICE (IF APPLICABLE): _____

TOTAL CLAIM AMOUNT(\$): _____ REQUESTED ACTION (REPLACEMENT, REPAIR OR CREDIT?): _____

PREFERRED SHIPPING METHOD FOR REPLACEMENT (IF APPLICABLE): _____

*PLEASE ATTACH THE FOLLOWING:

PHOTO FOR PROOF OF FAILURE OR DEFECT
PHOTOS OF LABEL SHOWING SERIAL/LOT NUMBERS
PROOF OF PURCHASE (INVOICE, DELIVERY RECEIPTS OR PO)
INSPECTION OR DIAGNOSTICS REPORT (IF AVAILABLE)
REPAIR INVOICE (IF YOU HAVE ALREADY FIXED THE ISSUE)

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____ DATE: _____