WARRANTY CLAIM FORM

Date:	Initiator / Contact:	Dealer Acct#:	AGI Claim #: DO NOT USE
Distributor Name:		Distributor Phone:	Distributor Claim #:
Dealer Name:		Dealer Phone:	Dealer Claim #:
Dealer Address:	City	State/Prov	Zip/PC
Customer Name:		Customer Phone:	
Customer Address:	City	State/Prov	Zip/PC

BASE UNIT OF ATTACHMENT THAT FAILED			Unit Registered?
Serial Number:		Date of Purchase:	
Make & Model:		Date of Failure:	Yes ◯
Hrs Operated:		Date of Repair:	No ◯

DESCRIPTION OF FAILURE/REASON FOR CREDIT(DO NOT STATE DEFECTIVE)

Dealer Signature: Date:

PARTS REPLACED(ITEMS MAY BE REQUIRED TO BE RETURNED TO FACTORY)

Part Number	Qty	Description	Warranty Approved Y/N	Replacement Part SO#	Amount Approved for Warranty Credit
				Parts Total	

DO NOT USE

WARRANTY LABOR

Labor Performed By:	Description:	Rate/hr:	Approved Labor Hours Rate	Hrs	Approved Amount
Dealer ◯					
Distributer ◯					
End User ◯					

DO NOT USE

Proof of purchase/other documents available if requested?: ◯ YES ◯ NO

Picture(s) included in claim?: ◯ YES ◯ NO

Type of Use: ☐ COMMERCIAL ☐ PRIVATE

Labor Total

Total Warranty Value

Claim Result: ◯ APPROVED ◯ PENDING ◯ DENIED

Was maintenance regularly performed as per operation manual? ◯ YES ◯ NO

Approved by: _____ Date: _____

Claim form must be complete in full and submitted by email to sales@batco-rem.com within 45 days of failure date.

Do not use shaded areas, for internal use only.

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Additional Information:

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