ARMSTRONG

DATE : _____

WARRANTY CLAIM REPORT

CANADA
Tel: (416) 755-2291
Fax: (416) 759-9101

UNITED STATES
Tel: (716) 693-8813
Fax: (716) 693-8970

SERVICE FACILITY CLAIM REFERENCE

(Armstrong Use Only)

SERVICE FACILITY: _____

ADDRESS: _____

PRINT NAME: _____

CONTRACTOR: _____

JOB NAME: _____

JOB ADDRESS: _____

INSTALLATION DATE: _____ TROUBLE REPORTED DATE: _____

MODEL: _____ SIZE: _____ S / N: _____

MOTOR DATA: _____ MANUFACTURER _____ HP _____ RPM _____ VOLTAGE

ADDITIONAL INFORMATION: _____

TROUBLE REPORTED: _____

SERVICE FACILITY COMMENTS: WHAT, IN YOUR OPINION CAUSED THE FAIURE ? _____

PARTS USED FOR REPAIR		
QTY.	**ARMSTRONG PART #**	**DESCRIPTION**

REQUESTED LABOUR ALLOWANCE			
# OF HOURS	**RATE**	**DESCRIPTION OF WORK**	**TOTAL**

ATTACH

"MARATHON" ONLY

NAMEPLATE

HERE

(NAMEPLATE CAN BE REMOVED WITH HAIR DRYER)

OR

STANDARD FEE ALLOWANCE

$ _____

DATE RECEIVED

WAR - BAAN REFERENCE

WCR - BAAN REFERENCE

WARRANTY ACCOUNT

REFERENCE FIELD "A"

REFERENCE FIELD "B"

REPRESENTATIVE

ORIGINAL SALES ORDER

ADDITIONAL INFORMATION

SALES TEXT

PARTS APPROVED BY

LABOUR APPROVED BY

ORDER ENTERED BY

DATE ENTERED