



WARRANTY CLAIM FORM

2810 38th Street
 Columbus, NE 68601
 1-402-563-1502 Phone
 1-402-564-5385 Fax
ronb@duolift.com

Busch Equipment Claim No: _____
 Date Assigned: _____

REQUIRED DOCUMENTS

1. Dealer Invoice
2. Pictures of Warranty Items
3. Pictures of Serial Plate

IMPORTANT

1. Claim must be submitted within 30 days of failure.
2. Fill out one claim form for each unit.
3. Assigned claim number must appear on all returned merchandise.
4. All warranty replacement parts must be pre-approved prior to work.

DATE: _____
 DEALER: _____ COMPLETED BY: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 CUSTOMER NAME: _____ CONTACT: _____
 ADDRESS: _____ PHONE: _____
 CITY: _____ STATE: _____ ZIP: _____

INVOICE NUMBER: _____ P.O. # _____

BASE UNIT OR ATTACHMENT THAT FAILED		
SERIAL NO:	DATE OF PURCHASE:	DATE OF FAILURE:
MODEL NO:	DATE OF REPAIR:	ATTACHMENTS ADDED:

HAS ITEM/S BEEN REPAIRED, ALTERED OR NEGLETED IN ANY WAY. YES ___ NO ___

DETAILED DESCRIPTION OF FAILURE (DO NOT SAY DEFECTIVE) AND HOW IT HAPPENED (PICTURES REQUIRED)

Signature: _____

COMPANY USE ONLY

- ___ CLAIM APPROVED
 ___ CLAIM PENDING
 ___ RETURN & INSPECTION
 ___ CLAIM DENIED

- RETURN PARTS BY:
 ___ UPS
 ___ COM. CARRIER
 PH: _____
 ___ COMPANY TRUCK
 ___ DO NOT RETURN

PARTS REPLACED (ITEMS MUST BE RETURNED TO FACTORY)			COMPANY USE ONLY		
QUANTITY:	PART NO:	DESCRIPTION:	WARRANTY APPROVED	X	AMOUNT
SHIPPED VIA:		TRACKING NUMBER:			
			TOTAL PARTS:		
			TOTAL CREDITS:		
			RECEIVED BY:		
			DATE RCVD:		
			INVENTORY:		
			YES		
			NO		