

# WARRANTY CLAIM FORM

2810 38th Street  
Columbus, NE 68601  
1-402-563-1502 Phone  
1-402-564-5385 Fax  
[ronb@duolift.com](mailto:ronb@duolift.com)

Busch Equipment Claim No: \_\_\_\_\_  
Date Assigned: \_\_\_\_\_

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

INVOICE NUMBER: \_\_\_\_\_ P.O. # \_\_\_\_\_

**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.

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 NEGLATED 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		