2810 38th Street

WARRANTY CLAIM FORM

EQUIPMENT COMPANY, LLC.	WARRA	ANTY CLAIM FO	RM
Blo 38th Street Busch Equipment Claim No:			m No:
Columbus, NE 68601 Date Assi		signed:	
1-402-563-1502 Phone			
1-402-564-5385 Fax			IMPORTANT
lorimcg@buschequipment.c	com		IVII ORTZIVI
DATE: COMPLETED BY:		 Claim must be submitted within 30 days of failure. Fill out one claim form for 	
ADDRESS:			each unit.
CITY:	STATE:	ZIP:	3. Assigned claim number must appear on all returned
CUSTOMER NAME:	CONTAC	CT:	merchandise.
ADDRESS:	PHONE: STATE: ZIP:		4. All warranty replacement
CITY:	STATE:	ZIP:	parts must be pre-approved prior to work.
BASE	UNIT OR ATTACHMENT THAT	FAILED	1
SERIAL NO:	DATE OF PURCHASE:	DATE OF FAILURE:	1
MODEL NO:	DATE OF REPAIR:	ATTACHMENTS ADDED:	
HAS ITEM/S BEEN REPAIRED, ALTERED OR NEGLETED IN ANY WAY. YESNO			<u>COMPANY USE ONLY</u>
DETAILED DESCRIPTION OF F	CLAIM APPROVED		
		•	CLAIM PENDING RETURN & INSPECTION
			CLAIM DENIED
			RETURN PARTS BY:
			UPS COM CARRIER
			COM. CARRIER PH:
			COMPANY TRUCK
~.			DO NOT PETLIPM

_ DO NOT RETURN Signature: PARTS REPLACED (ITEMS MUST BE RETURNED TO FACTORY) COMPANY USE ONLY WARRANTY Χ QUANTITY: PART NO: DESCRIPTION: **AMOUNT** APPROVED SHIPPED VIA: TRACKING NUMBER: **TOTAL PARTS: TOTAL CREDITS:** RECEIVED BY: DATE RCVD: INVENTORY: YES

NO