WARRANTY CLAIM

☐ **HEAD OFFICE - ROTOBEC INC.**
200 rue Industrielle, Ste-Justine, QC, G0R 1Y0
TEL : (418) 383-3002 FAX : (418) 383-5341

☐ **ROTOBEC USA INC.**
162, Rotobec Drive, Littleton, NH 03561
TEL : (603) 444-2103 FAX : (603) 444-0327

☐ **ROTOBEC WEST INC.**
3530, Alcan Road, Kelowna, BC, V1X 7R4
Western Canada & USA
TEL : (250) 548-0041 FAX : (250) 548-0043

DISTRIBUTOR

NAME: _____

ADDRESS: _____

CITY: _____ PROV. or STATE: _____

CODE: _____ CLAIM #: _____

END USER: **ADDRESS:**

LOADER-MODEL GRAPPLE-MODEL	HOURS IN SERVICE (MACHINE) LOADER OR GRAPPLE	DATE OF CLAIM:
SERIAL NO:	HOURS IN SERVICE (DEFECTIVE PART)	DATE PARTS RETURNED:
DATE DELIVERED:	DATE OF FAILURE:	DATE PARTS REPLACED:

PARTS REPLACED

CARD # | DATE

QTY	DAMAGED PART NUMBER	DESCRIPTION	REPLACED ON ROTOBEC INVOICE	LIST EACH	COST or DISCOUNT	AMOUNT CLAIMED	AMOUNT ALLOWED

***IMPORTANT NOTE:**
Damaged parts received for denied claims will be kept in stock for a maximum of 20 days after the denial date on the warranty claim.

REASONS FOR CLAIM:

PARTS TOTAL $				
	HOURS	RATE	AMOUNT CLAIMED	AMOUNT ALLOWED
SHOP LABOR				
FIELD WORK				
TRAVEL TIME				
MILES OR KM TRAVELED				
GRAND TOTAL $				

(DO NOT WRITE IN SHADED AREAS)

RECEIVED BY: _____ DATE: _____

INSPECTED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

By: _____

F-1501

F 1756

RETURN FORM TO FACTORY