



WARRANTY CLAIM

DEALER'S NAME			CITY, STATE & ZIP CODE			DEALER'S PHONE NO.			
DEALER'S ADDRESS			DEALER'S CLAIM NO.		DEALER'S E-MAIL ADDRESS				
OWNER			CITY			STATE			
MODEL (ALLIED PRODUCT)		HOURS IN SERVICE (ALLIED PRODUCT)		DATE PART REPLACED		DATE PART RETURNED			
SERIAL NO. (ALLIED PRODUCT)		DATE OF FAILURE		DATE OF COMPLETED REPAIR		HOURS IN SERVICE (DEFECTIVE PART)			
DATE DELIVERED (ALLIED PRODUCT)		DATE DELIVERED (DEFECTIVE PART)		P/N OF PART CAUSING FAILURE					
IF ATTACHMENT <input type="checkbox"/> WINCH <input type="checkbox"/> LONG REACH		FORK TRUCK OR TRACTOR MODEL				FORK TRUCK OR TRACTOR SERIAL NO.			
QTY	X	PART NUMBER		DESCRIPTION		PURCHASED ON INVOICE NUMBER	NET EACH	NET AMOUNT	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
EXPLANATION OF CLAIM						PARTS SUBTOTAL (PG. 1)			
						PARTS SUBTOTAL (PG. 2)			
						PARTS SUBTOTAL (PG. 3)			
						PARTS SUBTOTAL (PG. 4)			
						PARTS GRAND TOTAL			
						<small>LABOR SUBJECT TO FACTORY APPROVAL</small>	<small>HOURS / MILES</small>	<small>RATE</small>	<small>AMOUNT</small>
						<small>SHOP LABOR REGULAR TIME</small>			
						<small>TRAVEL TIME</small>			
						<small>MILES TRAVELED</small>			
						FOR FACTORY USE ONLY			
CLAIMED IN U.S. DOLLARS AT AN EXCHANGE RATE OF:						TOTAL OTHER			
RECEIVED BY		DATE	APPROVED BY		DATE	GRAND TOTAL CLAIM			
AUTHORIZED SIGNATURE				DATE	ACKNOWLEDGMENT DATE		ASC CLAIM NO.		



21433 SW OREGON STREET
 SHERWOOD, OREGON 97140 USA
 PHONE 503.625.2560 FAX 503.625.7616
 www.alliedsystems.com

WARRANTY CLAIM

ASC CLAIM NO. _____ DEALER CLAIM NO. _____

QTY	X	PART NUMBER	DESCRIPTION	PURCHASED ON INVOICE NUMBER	NET EACH	NET AMOUNT
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
				PARTS SUBTOTAL (PG. 2)		



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WARRANTY CLAIM

ASC CLAIM NO. _____ DEALER CLAIM NO. _____

QTY	X	PART NUMBER	DESCRIPTION	PURCHASED ON INVOICE NUMBER	NET EACH	NET AMOUNT
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
PARTS SUBTOTAL (PG. 3)						



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WARRANTY CLAIM

ASC CLAIM NO.	DEALER CLAIM NO.
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QTY	X	PART NUMBER	DESCRIPTION	PURCHASED ON INVOICE NUMBER	NET EACH	NET AMOUNT
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						

EXPLANATION OF CLAIM (CONTINUED)

PARTS SUBTOTAL (PG. 4)

WARRANTY CLAIM ACKNOWLEDGEMENT

Your Claim No. _____ has been received and assigned to ASC Claim No. _____.

Your claim cannot be further processed for the following reason(s):

- Service report not received
- Inadequate explanation of cause of failure and/or repair
- Parts inspection required. You are requested to return the parts marked with an "X" above along with a copy of the claim to the attention of WARRANTY COORDINATOR. Parts must be shipped PREPAID to Allied.
- Other : _____

If the above information and/or parts are not received by _____, no further consideration will be given to your claim.

Acknowledged by: _____ Date: _____