CLAIM REMITTANCE: service@alliedsystems.com, or Fax 503.625.7616



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

## WARRANTY CLAIM

DEALER'S NAME			CITY, STATE & ZIP CODE DEALER'S PH			IONE NO.				
DEALER'	DEALER'S ADDRESS OWNER MODEL (ALLIED PRODUCT) HOURS IN SERVICE (ALLIED PRODUCT)				DEALER'S CLAIM NO.	DEALER'S E-MAIL	ADDRESS			
OWNER					CITY	STATE				
MODEL (				(ALLIED PRODUCT)	DATE PART REPLACED		DATE PART RETURNED			
SERIAL N	NO. (ALLIEI	D PRODUCT)	DATE OF FAILURE		DATE OF COMPLETED REP/	AIR	HOURS	IN SERVICE (DI	EFECTIVE PART)	
DATE DE	ELIVERED (	ALLIED PRODUCT)	DATE DELIVERED (	DEFECTIVE PART)		I OF PART CAUSING FAILURE				
			FORK TRUCK OR T	RACTOR MODEL	FORK TRUCK OR TRA			ACTOR SERIAL NO.		
				DES		PURCHASED ON			NET	
QTY	X	PART NUMI	BER	DES				<b>FEACH</b>	AMOUNT	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
	ATION OF (	CLAIM				PARTS SU	BTOTAL	. (PG. 1)		
						PARTS SU				
						PARTS SU				
						PARTS SUBTOTAL (PG. 4)				
					PARTS GRAND TOTAL					
						LABOR SUBJECT TO FACTORY APPROVAL	HOURS / MILES	RATE	AMOUNT	
						SHOP LABOR REGULAR TIME				
						TRAVEL TIME				
		F	OR FACTORY	USE ONLY		MILES TRAVELED				
CLAII	CLAIMED IN U.S. DOLLARS AT AN EXCHANGE RATE OF: RECEIVED BY DATE APPROVED BY			E RATE OF:		тот	AL OTHE	R		
RECEIVE				APPROVED BY	DATE	GRAND	TOTAL (	CLAIM		
AUTHOR SIGNATL		I		1	DATE	ACKNOWLEDGME	NT DATE	ASC CLAIM NO		

	<b>411</b> i	ed Systems	21433 SW OREGON STREET SHERWOOD, OREGON 97140 USA PHONE 503.625.2560 FAX 503.625.7616			CLAIM
_		COMPANY	www.alliedsystems.com	ASC CLAIM NO.	DEALER CLA	
QTY	′ X	PART NUMBER	DESCRIPTION	PURCHASED ON INVOICE NUMBER	NET EACH	NET AMOUNT
11						
12						
13						
14						
15						
16 17						
18						
19						
20						
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23						
24						
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26						
27						
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31						
32 33						
34				1		
35						
36						
37						

PARTS SUBTOTAL (PG. 2)

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	-		COMPANY	www.alliedsystems.com	ASC CLAIM NO.	DEALER CLAI	
	QTY	x	PART NUMBER	DESCRIPTION	PURCHASED ON INVOICE NUMBER	NET EACH	NET AMOUNT
38							
39							
40							
41		Π					
42							
43							
44		Π					
45							
46							
47							
48							
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57							
58							
59							
60							
61		Ц					
62							
63							
64							
65							
-					PARTS SUBT	OTAL (PG. 3)	

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	СОМРАНУ		PHONE 503.625.2560 FAX 503.625.7616 www.alliedsystems.com	ASC CLAIM NO.	DEALER CLAIM	DEALER CLAIM NO.	
Image: service report not received       Image: service report not received         Image: service report not received       Image: service report not received         Image: service report not received       Image: service report not received         Image: service report not received       Image: service report not received         Image: service report not received       Image: service report not received         Image: service report not received       Image: service report not received         Image: service report not received       Image: service report not received         Image: service report not received       Image: service report not received         Image: service report not received       Image: service report not received         Image: service report not received       Image: service report not received         Image: service report not received       Image: service report not received         Image: service report not received       Image: service report not received         Image: service report not received       Image: service report not received         Image: service report not received       Image: service report not received         Image: service report not received       Image: service report not received         Image: service report not received       Image: service report not received         Image: service report not received       Image: service report not received	<b>QTY</b> Χ	PART NUMBER			NET EACH	NET AMOUNT	
WARRANTY CLAIM ACKNOWLEDGEMENT         WARRANTY CLAIM ACKNOWLEDGEMENT         WARRANTY CLAIM ACKNOWLEDGEMENT         Your Claim No	;						
WARRANTY CLAIM ACKNOWLEDGEMENT      WARRANTY CLAIM ACKNOWLEDGEMENT      Your Claim No	,						
	3						
Image: Image	)						
BARLAMATION OF CLAIM (CONTINUED)      PARTS SUBTOTAL (PG. 4)      PARTS SUBTOTAL							
EXPLANATION OF CLAIM (CONTINUED)       PARTS SUBTOTAL (PG. 4)         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 :	3						
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 :	╞──┼┼						
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Your Claim No has been received and assigned to ASC Claim No         Your claim cannot be further processed for the following reason(s):				PARTS SUBT	OTAL (PG. 4)		
<ul> <li>Your claim cannot be further processed for the following reason(s):</li> <li>Service report not received</li> <li>Inadequate explanation of cause of failure and/or repair</li> <li>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.</li> <li>Other :</li></ul>		WAR	RANTY CLAIM ACKNOWLED	GEMENT			
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	Your clair	n cannot be further processed for Service report not received nadequate explanation of cause o Parts inspection required. You are copy of the claim to the attention o	the following reason(s): of failure and/or repair e requested to return the parts marked of f WARRANTY COORDINATOR. Parts	with an "X" above s must be shippe	e along with a d PREPAID to A	llied.	
			ot received by	, no further	consideration w	ill be	
Acknowledged by: Date:	Acknowle	dged by:		Date:			