

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

WARRANTY CLAIM

DEALER'S NAME*					CITY, STATE & ZIP CODE*						
DEALER'S ADDRESS*					DEALER'S CLAIN	/I NO.*	DEALER'S E-MAIL ADDRESS				
OWNER CITY					ST	ΓΑΤΕ	DEALER'S PHONE NUMBER*				
MODEL (ALLIED PRODUCT)* HOURS IN SERVICE*				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 (E				EFECTIVE PART) P/N OF PART CAUSING FA			ING FAILURI				
			FORK TRUCK OR T	RACTOR MODEL			FORK TRUCK OR	TRACTOR SE	ERIAL NO.		
			 {*					NET EACH* NET			
								R	T EAON	AMOUNT*	
	$\left \right $										
EXPLANA	TIO	N OF CLAIM*					PARTS SUBTOTAL (PG. 1)				
							PARTS SUBTOTAL (PG. 2)				
							PARTS GRAND TOTAL				
							LABOR SUBJECT TO FACTORY APPROVAL	HOURS / MILES*	RATE*	AMOUNT*	
							SHOP LABOR REGULAR TIME*				
							TRAVEL TIME*				
FOR FACTORY USE ONLY							MILES TRAVELED*				
CLAIMED IN U.S. DOLLARS AT AN EXCHANGE RATE OF:					Ι		TOTAL OTHER				
			APPROVED BY	DA	TE	GRAND TOTAL CLAIM*					
AUTHOR					DA	TE	ACKNOWLEDGMENT DATE ASC CLAIM NO.				
SIGNATU	RE										

* All fields with an asterisk must be filled in for claim to be processed.



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		COMPANY								
QTY	х	PART NUMBER	DESCRIPTION	PURCHASED ON INVOICE NUMBER	NET	EACH	NET AMOUNT			
EXPLANATION OF CLAIM (CONTINUED) PARTS SUBTOTAL										
		WARR	ANTY CLAIM ACKNOWLEDGE	MENT						
			eceived and assigned to ASC Claim No.			·				
Your	cla	aim 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						
giver	to	your claim.								
Ackn	ow	ledged by:	Date:							