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

Allied Systems COMPANY
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 CLAIM NO.*	DEALER'S E-MAIL ADDRESS
OWNER	CITY / STATE		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 (DEFECTIVE PART)	P/N OF PART CAUSING FAILURE	
IF ATTACHMENT ☐ WINCH ☐ 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*
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00

EXPLANATION OF CLAIM*

PARTS SUBTOTAL (PG. 1)	$0.00
PARTS SUBTOTAL (PG. 2)	$0.00
PARTS GRAND TOTAL	$0.00

LABOR SUBJECT TO FACTORY APPROVAL	HOURS / MILES	RATE	AMOUNT
SHOP LABOR REGULAR TIME			$0.00
TRAVEL TIME			$0.00
MILES TRAVELED			$0.00
TOTAL OTHER			$0.00
GRAND TOTAL CLAIM*			$0.00

FOR FACTORY USE ONLY

CLAIMED IN U.S. DOLLARS AT AN EXCHANGE RATE OF:

RECEIVED BY	DATE	APPROVED BY	DATE

AUTHORIZED SIGNATURE	DATE	ACKNOWLEDGMENT DATE	ASC CLAIM NO.

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

Submit | Reply (Factory Use Only)

Allied Systems COMPANY
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
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
EXPLANATION OF CLAIM (CONTINUED)					PARTS SUBTOTAL	$0.00

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:_____