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 FAX 503.625.7616
www.alliedsystems.com

WARRANTY CLAIM

DEALER'S NAME	CITY, STATE & ZIP CODE	DEALER'S PHONE NUMBER

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 ☐ 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
1							$ 0.00
2							$ 0.00
3							$ 0.00
4							$ 0.00
5							$ 0.00
6							$ 0.00
7							$ 0.00
8							$ 0.00
9							$ 0.00
10							$ 0.00

EXPLANATION OF CLAIM

PARTS SUBTOTAL (PG. 1)	$ 0.00
PARTS SUBTOTAL (PG. 2)	$ 0.00
PARTS SUBTOTAL (PG. 3)	$ 0.00
PARTS SUBTOTAL (PG. 4)	$ 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 marked in RED must be filled out for claim to be processed

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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
11							$ 0.00
12							$ 0.00
13							$ 0.00
14							$ 0.00
15							$ 0.00
16							$ 0.00
17							$ 0.00
18							$ 0.00
19							$ 0.00
20							$ 0.00
21							$ 0.00
22							$ 0.00
23							$ 0.00
24							$ 0.00
25							$ 0.00
26							$ 0.00
27							$ 0.00
28							$ 0.00
29							$ 0.00
30							$ 0.00
31							$ 0.00
32							$ 0.00
33							$ 0.00
34							$ 0.00
35							$ 0.00
36							$ 0.00
37							$ 0.00
						PARTS SUBTOTAL (PG. 2)	$ 0.00

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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							$ 0.00
39							$ 0.00
40							$ 0.00
41							$ 0.00
42							$ 0.00
43							$ 0.00
44							$ 0.00
45							$ 0.00
46							$ 0.00
47							$ 0.00
48							$ 0.00
49							$ 0.00
50							$ 0.00
51							$ 0.00
52							$ 0.00
53							$ 0.00
54							$ 0.00
55							$ 0.00
56							$ 0.00
57							$ 0.00
58							$ 0.00
59							$ 0.00
60							$ 0.00
61							$ 0.00
62							$ 0.00
63							$ 0.00
64							$ 0.00
65							$ 0.00
						PARTS SUBTOTAL (PG. 3)	$ 0.00

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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
66							$ 0.00
67							$ 0.00
68							$ 0.00
69							$ 0.00
70							$ 0.00
71							$ 0.00
72							$ 0.00
73							$ 0.00
74							$ 0.00
75							$ 0.00

EXPLANATION OF CLAIM (CONTINUED)

PARTS SUBTOTAL (PG. 4) $ 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:_____