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WARRANTY CLAIM

DEALER'S NAME				CITY, STATE & ZIP CODE				
DEALER'S ADDRESS				DEALER'S CLAIM NO.		DEALER'S E-MAIL ADDRESS		
OWNER				CITY		STATE		
MODEL		HOURS IN SERVICE (MACHINE)		DATE PART REPLACED		DATE PART RETURNED		
SERIAL NO.		DATE OF FAILURE		HOURS IN SERVICE (DEFECTIVE PART)		RETURNED VIA		
DATE DELIVERED (MACHINE)		DATE DELIVERED (DEFECTIVE PART)		P/N OF PART CAUSING FAILURE				
QTY	X	PART NUMBER	DESCRIPTION		PURCHASED ON INVOICE NUMBER	NET EACH	NET AMOUNT	
EXPLANATION 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			
					MILES TRAVELED			
CLAIMED IN U.S. DOLLARS AT AN EXCHANGE RATE OF:								
SHADED AREA FOR FACTORY USE ONLY					TOTAL OTHER			
RECEIVED BY		DATE	APPROVED BY		DATE	GRAND TOTAL CLAIM		
AUTHORIZED SIGNATURE					DATE	ACKNOWLEDGMENT DATE	ASC CLAIM NO.	

QTY	X	PART NUMBER	DESCRIPTION	PURCHASED ON INVOICE NUMBER	NET EACH	NET AMOUNT

EXPLANATION OF CLAIM (CONTINUED)

PARTS SUBTOTAL

WARRANTY CLAIM ACKNOWLEDGEMENT

Your claim 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 checked above along with the attached 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: _____