



# WARRANTY CLAIM FORM

Form WCF010111

Phone: 817-485-6073

Fax: 817-428-6008

**"WARRANTY TERMS REQUIRE WRITTEN AUTHORIZATION PRIOR TO REPAIRS"**

Star Dealer

Customer

Address

Address

City  State  Zip Code

City  State  Zip Code

Phone Number

Phone Number

email

email

## Equipment Information

Model  Description  Serial No.

DOM  Date in Service  Failure Date  Repair Date

Description of Failure

Description of Repair

Repairs completed by:

Date Repaired

Invoice #

## Parts Purchased

Part Number	Description	Quantity	\$ Cost each	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

## Labor (Offsite travel & expenses not covered under warranty)

Hours

**X** Hourly Rate (Star Warranty Allowance) \$50.00 =

TOTAL PARTS-

TOTAL LABOR-

**Other Expenses**  
Specify Details Here

TOTAL OTHER EXP-

GRAND TOTAL-

## Submitted By

Name:

Title:

Pho:  email

Fax:

Date:

<b>For Star Use Only</b>	Dealer Number <input type="text"/>
Date <input type="text"/>	Approved For <input type="text"/>
Approved By <input type="text"/>	