

Ardisam Warranty Claim Form

Claim No. _____

Purchase Date: _____ Date Failed: _____ Repair Date: _____

1	Owners Name	2	Model #
Street Address		21 Digit Serial #	
City, State	Zip Code	Type of Equipment	Hours Used
Owners Signature	Phone	How Used	

3	Distributor	4	Unit Purchased From
City, State	Zip Code	Street Address	
Signature		City, State	Zip Code

5	Probable cause of Failure: ("Defective" is Not Sufficient)	7	Warranty Credit (Ardisam Use Only)
		Labor	
		Parts	
		_____ %	
6	Work Performed		
		Total Credit →	

8	Part No.	Description	Qty.	Price	Total	Hours	Factory Use

10	Warranty Performed By:			11	Authorized Dealer Number
Service Center Name					
Address				12	Factory Use Only
City, State		Zip Code	Phone		
Signed					

This form is intended for Service Center use only. Fax this claim to 715-822-4180