



MIDWEST EQUIPMENT

Warranty Claim Check List

Fax: 614-448-4862

Customer Info:

- | | |
|--|--|
| <input type="checkbox"/> Customer Name: _____ | <input type="checkbox"/> Date Installed: _____ |
| <input type="checkbox"/> Contact: _____ | <input type="checkbox"/> Date Failed: _____ |
| <input type="checkbox"/> Address: _____ | <input type="checkbox"/> Hours @ Installation: _____ |
| <input type="checkbox"/> City/State/Zip: _____ | <input type="checkbox"/> Hours @ Failure: _____ |
| <input type="checkbox"/> Country: _____ | <input type="checkbox"/> Total Hours On Part: _____ |
| <input type="checkbox"/> Phone: _____ | |
| <input type="checkbox"/> Email: _____ | |

Machine Info:

- | | |
|---|--|
| <input type="checkbox"/> Make & Model: _____ | <input type="checkbox"/> Date Installed: _____ |
| <input type="checkbox"/> Serial Number: _____ | <input type="checkbox"/> Date Failed: _____ |
| | <input type="checkbox"/> Hours @ Installation: _____ |
| | <input type="checkbox"/> Hours @ Failure: _____ |
| | <input type="checkbox"/> Total Hours On Part: _____ |

Track Information:

- Track Serial #: _____
- Track Size: _____
- Track Brand: _____

Required Photographs:

Track Serial # & Brand Stamp



Tracks On Machine



5 Or More Photos Of Failure



PO#:
Sales Rep:
Date Of Sale:

Date Received:
Received By:
Result: