



# Warranty-Claim Form

Dealer / Service Center:	Customer:

**Please fill out this portion of the form completely.**

SUI Sales Order	Serial Number:	SUI Part Number:	Date of Sale:	Date of damage:	Operating hours:
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Reason for claim:

Quantity	SUI Part Number	Description	Unit list price

Claim request by:	Print Name:	Signature:	Date:
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### SUI Use Only

Quantity	SUI Part Number	Description	Warranty		Price
			Yes	No	

acknowledgement     
  rejection     
  good-will     
  participation in costs

Replacement Sales Order.	Date	Signature
Warranty Approved By:.	Print Name	Signature
	Date	