

WARRANTY CLAIM FORM

2810 38th Street
 Columbus, NE 68601
 1-800-243-2583 Phone
 1-402-564-5385 Fax
sales@duolift.com

Duo Lift Claim No: _____
 Date Assigned: _____

DATE: _____
 DISTRIBUTOR: _____ COMPLETED BY: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 CUSTOMER CO. NAME: _____ CONTACT: _____
 ADDRESS: _____ PHONE: _____
 CITY: _____ STATE: _____ ZIP: _____

DUO LIFT INVOICE NUMBER: _____ DIST. P.O. # _____

- IMPORTANT**
1. Claim must be submitted within 30 days of failure.
 2. Fill out one claim form for each unit.
 3. Assigned claim number must appear on all returned merchandise.
 4. All warranty replacement parts must be pre-approved prior to work.
 5. To fill out electronically you must first download the form, then fill out and email to ronb@duolift.com

BASE UNIT OR ATTACHMENT THAT FAILED		
SERIAL NO:	DATE OF PURCHASE:	DATE OF FAILURE:
MODEL NO:	DATE OF REPAIR:	ATTACHMENTS ADDED:

HAS ITEM/S BEEN REPAIRED, ALTERED OR NEGLETED IN ANY WAY. YES ___ NO ___

DETAILED DESCRIPTION OF FAILURE (DO NOT SAY DEFECTIVE) AND HOW IT HAPPENED

Signature: _____

COMPANY USE ONLY

CLAIM APPROVED
 CLAIM PENDING RETURN & INSPECTION
 CLAIM DENIED

RETURN PARTS BY:
 UPS
 COM. CARRIER
 PH: _____
 COMPANY TRUCK
 DO NOT RETURN

PARTS REPLACED (ITEMS MUST BE RETURNED TO FACTORY)			COMPANY USE ONLY		
QUANTITY:	PART NO:	DESCRIPTION:	WARRANTY APPROVED	X	AMOUNT
SHIPPED VIA:		TRACKING NUMBER:			
			TOTAL PARTS:		
			TOTAL CREDITS:		
			RECEIVED BY:		
			DATE RCVD:		
			INVENTORY:		
			YES		
			NO		