



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)

TOTAL PARTS-

Hours

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

TOTAL LABOR-

Other Expenses
Specify Details Here

TOTAL OTHER EXP-

GRAND TOTAL-

Submitted By

Name:

Title:

Pho: email

Fax:

Date:

For Star Use Only

Dealer Number

Date

Approved For

Approved By