



WARRANTY CLAIM FORM

E-Z Climber & Electric Utility Vehicles

Warranty Claim Number _____

Date: _____

ABSOLUTE E-Z UP Warranty Dept.
 209 Commercial Court, Sanford, NC 27330
 Email: michaelkowalski@absolutede-zup.com
 Phone: 843-364-5572

Dealer: _____

Customer: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Contact: _____ Phone: _____

Contact: _____ Phone: _____

Model: _____

Serial Number: _____

Customer Delivery Date: _____

(A) Description of Failure: _____ Failure Date: _____ Hour Meter Reading: _____

(B) Corrective Action Taken _____ Repair Date: _____

*Note: if damage has occurred during shipping, inform driver at time of delivery, notate on BOL and have driver sign.

Contact AEUP Immediately at 843-364-5572 (Michael Kowalski). If damage is found later, take photos and include those in the claim emailed to: michaelkowalski@absolutede-zup.com, along with the warranty claim forms.

Quantity	Part Number	Description	Unit Cost	Total Cost	AEUP Invoice Number

Dealer Authorized Signature: _____ Date: ____/____/____

Allowable labor reimbursement is established by Absolute E-Z Up. Travel reimbursement is limited to three (3) hours maximum per claim, within the first year. We pay \$50.00 per travel hour for service within your primary area of responsibility. Records to support the validity of this claim must be available for inspection by representatives of Absolute E-Z Up and manufacturers, upon request.

Important Note: Warranty claims must be filed within 15 days of failure. Attach and submit in photos of damage components/areas, AEUP Warranty Claim Form, New Owner Registration Form and Customer Work Order details. Parts may be requested for return by the manufacturer. After manufacturer's inspection of claim and specified parts, the agreed upon credit amount will be issued.

Dealer Labor Expenses		Travel Time	
Date	Labor (Hrs)	Date	Hrs

***We thank you for choosing AEUP
and for the opportunity to serve you!***

Total Hours _____ @ \$ _____