



# WARRANTY CLAIM FORM

## Low Level Access, Stock Pickers

Warranty Claim Number \_\_\_\_\_

Date: \_\_\_\_\_

**HINDLEY ELECTRONICS, INC.**  
 715 Innovation Drive  
 Bowling Green, Ohio 43402  
[ChrisD@HindleyParts.com](mailto:ChrisD@HindleyParts.com)

Phone: (419) 352-7110, Fax: (419) 352-0628

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: [ChrisD@HindleyParts.com](mailto:ChrisD@HindleyParts.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 \_\_\_\_\_ @ \$ \_\_\_\_\_