



WARRANTY CLAIM FORM

Warranty Claim Number

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2833 Lee Ave., Sanford, NC 27332

Phone: 843-364-5572

Sanitation Solutions

Date:

[Date Input Box]

Warranty Dept.

Dealer:

[Dealer Name Input Box]

Customer:

[Customer Name Input Box]

Address:

[Dealer Address Input Box]

Address:

[Customer Address Input Box]

City, State, Zip:

[Dealer City, State, Zip Input Box]

City, State, Zip:

[Customer City, State, Zip Input Box]

Contact:

Phone:

Contact:

Phone:

[Contact and Phone Input Boxes]

Model:

[Model Input Box]

Serial #:

[Serial # Input Box]

Delivery Date:

[Delivery Date Input Box]

A. Description Failure:

Failure date:

[Failure Date Input Box]

Hour Meter Reading:

[Hour Meter Reading Input Box]

[Description Failure Text Area]

B, Corrective Action Taken

Repair Date:

[Repair Date Input Box]

[Corrective Action Taken Text Area]

* 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@absolute-zup.com, along with the warranty claim forms.

| Quantity | Part # | Description | Unit Cost | Total Cost | AEUP Invoice # |
|----------|--------|-------------|-----------|------------|-----------------------|
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| | | | | | |
| | | | | | |

Dealer Authorized Signature:

[Signature Input Box]

Date:

[Date Input Box]

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

Dealer Labor Expenses

| Date | Labor Hrs. | Date | Hrs. |
|------|------------|------|------|
| | | | |
| | | | |
| | | | |
| | | | |

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

Total Hours:

[Total Hours Input Box]

@

\$

[Total Hours Input Box]