



# WARRANTY CLAIM FORM

Claim form must be filled out completely & submitted within 30 days of failure



Paladin Light Construction  
 2800 North Zeeb Rd. • Dexter, MI 48130  
 800.456.7100 • Fax 734.996.9014

The Power of Combined Excellence

<b>Dealer Claim #</b> _____	<b>PLC Claim #</b> _____	<b>Dealer Account #</b> _____
WARRANTY AUTH. # _____	USER TYPE (CNTR-RNTL-ETC.) _____	
DEALER NAME _____	USER NAME _____	
ADDRESS _____	ADDRESS _____	
CITY _____	CITY _____	
STATE _____ ZIP _____	STATE _____ ZIP _____	
TELEPHONE NO. _____	TELEPHONE NO. _____	
MODEL NO. _____	DATE OF FAILURE _____	
SERIAL NO. _____	HOURS ON UNIT _____	
UNIT MOUNTED ON _____	REPAIR DATE _____	
DELIVERY DATE OF UNIT _____	FAILURE CAUSED BY PART NO. _____	

PLEASE ATTACH COPIES OF PARTS INVOICES AND/OR OUTSIDE LABOR INVOICES. ANY ITEMS RETURNED TO PALADIN LIGHT CONSTRUCTION DIVISIONS MUST HAVE RETURN MATERIAL AUTHORIZATION NUMBER (RMA).

DESCRIPTION OF FAILURE

CORRECTIVE MEASURES TAKEN

PART NO.	DESCRIPTION	QTY	COST EA.	TOTAL	HOURS	RATE	TOTAL
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -

COMPLETED BY PLC	
PARTS	\$ _____
DEALER LABOR	\$ _____
OUTSIDE LABOR	\$ _____
FREIGHT	\$ _____
POLICY ADJ.	\$ _____
MISC	\$ _____
<b>TOTAL CREDIT</b>	<b>\$ _____</b>
APPROVED BY: _____	DATE: _____

DEALER CLAIM CREDIT SUMMARY		
PARTS	\$ _____	-
DEALER LABOR	\$ _____	-
OUTSIDE LABOR	_____	
FREIGHT	_____	
MISC	_____	
<b>TOTAL REQUESTED</b>	<b>\$ _____</b>	
DEALER SIGNATURE: _____	TITLE: _____	DATE: _____