



WARRANTY CLAIM FORM

Dear Customer,

Thank you for contacting Hydrastatic Sales & Service. To enable us to assess your claim, please complete the form below, providing us with the information requested.

Customer Information:	
Company Name:	
Applicant Name & Surname:	
Contact Number:	
Email Address:	
Signature of Applicant:	

Product Information:			
Product Description:			
HSS Invoice Number:		HSS Invoice Date:	
Customer Order Number:			
Repair - HSS Job No:		New Supply - Serial No:	

Equipment Information:			
Application Unit Was Fitted On:			
Equipment Model Number:			
Component Hours:		Machine Hours:	
Date Fitted:		Date Failed/Removed:	

Customer Reason for Warranty Claim (Specific Reason for Removal and Nature of Defect):

Other Comments:



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For HSS to Complete:

Warranty Claim Number:		New Job Number:	
Date Unit Received:			
Warranty Claim:	HSS	Factory	

HSS Findings & Observation:

Possible Cause of Failure:

Comments/Recommendations:

True Warranty:	YES	NO	Warranty:	Accepted	Rejected	Failure Report:	YES	NO
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HSS Comments:

Name:		Signature:		Date:	
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