

Quality Corporation
 2401 S Delaware
 Denver, CO 80223
 800-383-3018
 fax 303-777-6488

WARRANTY CLAIM FORM

Form 9/12/02WCF



Dealer's name & address:	Customer name & address:

Date			S/N	Hr meter	Del date
Dealer claim/invoice No.		Donkey			
Work order number		Burro		XXX	
Date of repair		Ordered part		XXX	

Describe defect, cause, and remedy in detail:

PARTS

Part number	Part description	Qty	Dealer \$ ea	Total \$ cost	Remarks

Total parts	\$
-------------	----

LABOR

Job description	Hrs	70% of revenue \$	\$ Amount	Remarks

Total labor	\$
-------------	----

Total claim	\$
-------------	----

Dealer contact:	Phone:	Fax:
-----------------	--------	------