

WARRANTY CLAIM FORM

Please save all claim forms as a PDF and submit to chris@thefoundry.ca in fillable format.



General Information

Claim Date: _____ Manufacturer: _____ CLAIM # / RMA # _____

Dealer Information

Name: _____
Phone #: _____
Address: _____

Customer Information

Name: _____
Phone #: _____
Address: _____

Product Information

Model# _____ Serial# _____ Fuel Type: _____
Colour/ Finish: _____ Purchase Date: _____ Installation Date: _____

Problems & Repairs

Repair Date: _____ Hours of Labour: _____ Hours of Travel: _____

Requested Parts:

Description of repairs /problems