

Phone: 866.526.5682

WARRANTY #: \_\_\_\_\_

DEALERSHIP:			
ADDRESS:			
CITY:	STATE:	ZIP:	
NAME:		PHONE:	
EMAIL			

## UNIT OR ATTACHMENT THAT FAILED

PART NO.	INVOICE NO.	DATE OF PURCHASE	DATE OF FAILURE

SERIAL NO.	DATE OF REPAIR	REPAIRED BY

## DESCRIPTION OF FAILURE/REASON FOR CREDIT

## UNIT OR ATTACHMENT THAT FAILED

QUANITY	PART NO.	DESCRIPTION	

LABOR HRS.	DESCRIPTION		RATE \$95/HR	TOTAL
			TOTAL LABOR \$	:

## SIGNATURE:

Please attach additional documents to support claim if necessary.



1. Claim must be submitted within 30 days of failure.

2. Hold parts at dealer location until further instruction from Lankota.

3. Claims will be considered within 30 days of receipt of claim form.

Please print a copy for your records