

REQUEST FOR WARRANTY CONSIDERATION

CUSTOMER INFO

Name	Street Address		
Phone	City	State	Zip Code
Alternate Phone	Fax Number	Email	

UNIT INFO

Type of Equipment	Brand	Manufacturer	Unit Model #
Unit Serial / VIN #	Engine Model #	Trans Model #	Type or Spec #
Purchased From			Purchase Date
Location of Purchase (Street Address)			Receipt Provided
			Yes No
City	State	Zip Code	Dealer Phone
Unit Registered Yes No	Unit Registration #	Authorization #	Hours Used
Condition (circle one) New Good Fair Poor		Commercial or Residential Use	Failure Date
Failure Description			

DISCLAIMER

Repairs are not always guaranteed to be covered under manufacturer warranty. In the event that the manufacturer denies this claim, and I do not wish to pay Tool Solutions for the cost of repair, I agree to pay Tool Solutions a fee of \$40 for administrative processing and technical diagnosis. *Some diagnosis require extensive labor, and will be charged a labor rate of \$60/hr, plus \$20 administrative processing fee.*

Customer Signature

Date