



Warranty Claim Form

HOW TO FILE A CLAIM

1. Notify Dorsey's Warranty Administrator at 334-855-4754 ext. 233 or Fax 334-855-3507 or email jeslyn@dorseytrailer.net immediately upon discovery of a defect.
2. Provide the following information:
 - a. Serial number of the equipment
 - b. Name of company submitting claim
 - c. A complete description of the problem
 - d. Photographs of problem area, where applicable.
 - e. Name of two proposed repair shops and copies of their repair estimates
 - f. Location of equipment so it can be inspected
3. If the claim is approved under the terms of this warranty, Dorsey will issue a claim number which must appear on all invoices submitted.
4. Dorsey may require that the equipment, or certain parts or components, be returned to our Pittsview, Alabama office, a Dorsey affiliate, or a designated service shop at purchaser's expense. Replacement parts will be furnished, conditions permitting, if Dorsey or the parts manufacturer determines part to be defective.
5. All warranty work must be performed at the location designated or approved by the Dorsey Warranty Administrator. Warranty coverage is limited to work specifically authorized.
6. Any unauthorized work or parts appearing on an invoice filed in connection with a warranty claim will not be paid by Dorsey and may delay processing the remainder of the claim. Work performed without prior authorization of the warranty administrator will not be paid under any circumstances.
7. Labor time will be determined from the shop manual, not to exceed \$60.00 per hour.
8. Return Parts to: **Pitts Enterprises, Attn: Warranty Administrator, 5734 Old Seale Hwy, Pittsview, AL 36871** at Phone 334-855-4754 ext. 203 or Fax 334-855-3507.

***** PLEASE CALL WARRANTY ADMINISTRATOR BEFORE ATTEMPTING ANY REPAIRS. *****

Trailer Serial Number: _____

Date Trailer Sold: _____

Date of Claim: _____

Owner Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

DESCRIPTION OF REPAIR OR REPLACEMENT

Part Number:	Part Description:	Quantity:	Unit Cost:	Total Cost:

Labor Hours: _____

Labor Rate: _____

Total Material Cost: _____

Total Labor Cost: _____

Total Cost of Claim: _____

Claim Number: _____