



# Warranty Claim Form

**ATTN: WARRANTY MANAGER** Email: warranty@bluegiant.com Fax: 905.457.2313

Dealer ID #	Dealer Name	Claim Form Date (MM/DD/YYYY)	
Has Unit Been Maintained / Lubricated as Specified in Accordance with Owner's Manual?			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Equipment Model #	Serial #	Customer	
Date of Equipment Sale (MM/DD/YY)	Hour Meter Reading	Customer Address	
Equipment Purchase Invoice #	Dealer Repair Order #	City / State / Province	
Submitted By (Print Full Name)	Title	Zip / Postal Code	
Phone:	Fax:	Email:	
Labor Total Hours:	Rate:	Labor Total: \$	Start Date (MM/DD/YY)
Travel Total Hours:	Rate:	Labor Total: \$	Start Date (MM/DD/YY)
Description of Fault:			
Nature of Fault:			
Corrective Procedure (Full Details Required, Incomplete Information will Delay Process)			

Blue Giant Part #	Part Description	QTY.	Blue Giant Replacement Part(s) Invoice Number(s)	Price	Total
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Freight <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/>	The totals calculated on this form are estimates only. Warranty guidelines may apply. Final totals will appear on your warranty invoice. Please go to <a href="http://www.BlueGiant.com">www.BlueGiant.com</a> for Warranty Coverage and Warranty Guidelines for your product.			\$	\$

GL #

WC #

RG#

A confirmation receipt will be faxed back with a warranty claim number attached. If Blue Giant deems that part(s) need to be returned, an RGA numbered form will be faxed as well. Please include a copy of the RGA form with returning part(s) to Blue Giant Brampton location only.