



WARRANTY REQUEST

ALL PRODUCTS

DEALER CLAIM #		DATE OF START UP		MONTABERT INTERNAL USE ONLY
MODEL		DATE OF FAILURE		
SERIAL #		DATE OF REPAIR		
RETURN #		DATE OF CLAIM		
DEALER ACCT #		CITY		
NAME		COUNTRY		
CUSTOMER NAME				
				G: <input type="text"/>
				RT: <input type="text"/>
				CD: <input type="text"/>

HOURS ON UNIT	<input type="text"/>	HOURS ON FAILED PARTS	<input type="text"/>
REPLACEMENT PARTS ORDER #	<input type="text"/>	REPLACEMENT PARTS INVOICE #	<input type="text"/>

CARRIER BRAND & MODEL	<input type="text"/>	CARRIER RELEF VALVE SETTING (PSI)	<input type="text"/>
AUXILIARY FLOW (GPM)	<input type="text"/>	HYDRAULIC OIL TEMPERATURE (Deg. F)	<input type="text"/>
OPERATING PRESSURE (PSI)	<input type="text"/>	CASE DRAIN PRESSURE (PSI) (if applicable)	<input type="text"/>
BACK PRESSURE (PSI)	<input type="text"/>		

DESCRIPTION AND PROBABLE CAUSE OF FAILURE - ACTION TAKEN

PARTS AND LABOR:

QTY	PART #	PART DESCRIPTION	S/N NEW PART	NET PRICE EACH	TOTAL
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -

		TOTAL PARTS	\$ -
LABOR	TOTAL HOURS <input type="text"/>	LABOUR RATE <input type="text"/>	TOTAL LABOR \$ -
TRAVEL	MILEAGE <input type="text"/>	MILEAGE RATE <input type="text"/>	TOTAL TRAVEL \$ -
TOTAL WARRANTY REQUEST			\$ -

PLEASE RETURN THIS FORM TO THE WARRANTY DPT: uswarranty@montabertusa.com