



Warranty Claim Form

Dealer Information

Dealer: _____
City: _____ State: _____
Date: _____ Claim No: _____

End User Information

Customer: _____
Sold Date: _____ Hour Meter: _____
Serial Number: _____
Failure Date: _____

Description of Defect:

Qty	Part Number	Description

Total Labor Claim: _____ Hours

Service Manager (print): _____ Sign: _____ Date: _____

Please complete the required information and fax or email this form. A Square Scrub representative will contact you.

Fax: 870-930-9595

email: sales@squarescrub.com