

# ROLAIR® WARRANTY CLAIM REPORT

RG#

(Contact ROLAIR Customer Service Department to obtain authorization for the return of defective parts)

Warranty Claim #

Your Reference #

## Authorized Service Center

Acct#

Name:

Street:

City, State, Zip:

Telephone:

## WARRANTY PARTS REQUIRED

Stock Part #	Qty.	Net/Ea	Total
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Were replacements sent at no charge?  Yes  No

If parts were used, should we replace to your stock?  Yes  No

TOTAL \$

Labor  hrs. @  /hr. \$

Miscellaneous \$

\*\*\*\*\*CLAIM TOTAL \*\*\*\*\* \$

\*\*\*IF PARTS OTHER THAN GENUINE ROLAIR PARTS ARE USED IN REPAIR, WE WILL REPLACE DEFECTIVE PARTS TO YOUR INVENTORY.  
 \*\*\*TO RECEIVE PAYMENT, ALL CLAIMS MUST BE SUBMITTED NO LATER THAN 60 DAYS FROM THE DATE OF REPAIR.

REMARKS  
(Office Use Only)

## UNIT/OWNER INFORMATION

Name:

Model#  Serial#

Failure Date

Customer Purchase Date

Is copy of bill of sale attached?  Yes  No

BILL OF SALE IS REQUIRED IF SERIAL # INDICATES A PRODUCTION DATE GREATER THAN ONE YEAR

## SERVICE INFORMATION

Type of failure

Work Performed

\*Must complete all highlighted fields prior to submission



### ROLAIR Systems

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