CUSTOMER WARRANTY CLAIM REQUEST

PLEASE COMPLETE ALL SECTIONS (1 – 9)

1 Check One: □ Product Warranty □ Parts Warranty Date: ___|___ ___|___ ___|___|___|___
MONTH DAY YEAR

2 Serial Number: __|__|__|__|__|__|__|__|__|__|__|__|__|__

3 Model Number: __|__|__-__|__|__|__|__|__|__|__-__|__

4 Date of Install: __|__| __|__| __|__|__|__
MONTH DAY YEAR

5 Invoice: __|__|__|__|__|__|__|__|__|__|__|__

6 Company: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Ext: _____

Contact: _____ Title: _____ Email: _____

7 Description of Issue: _____

_____

_____

_____

8 Repair/Diagnostic Action Performed: _____

_____

_____

9 Parts Requested: _____

_____

To be completed by Brigadoon Service Department

A Provider: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

B Date Assigned: __|__| __|__| __|__|__|__

C Work Order: __|__|__|__|__|__|__|__|__|__|__|__

D Authorized:

_____

E Parts Sent:

_____

_____

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