

CUTTING SYSTEMS, INC.

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 Union Grove, NC 28689
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CSI Warranty Claim Form

All sections must be completely filled out with attached copy of shop work order.

WO# _____

DEALER _____	CUSTOMER _____
ADDRESS _____	ADDRESS _____
CITY _____	CITY _____
STATE _____ ZIP _____	STATE _____ ZIP _____

CUSTOMER EQUIPMENT DETAILS

DATE PURCHASED _____ MODEL _____ SERIAL# _____

1. DESCRIBE PROBLEM

2. DESCRIBE WARRANTY WORK PERFORMED _____ DATE PERFORMED _____

NOTE: Parts must be returned with warranty claim before the claim will be considered for payment.
 (Parts must be returned freight prepaid. No "Collect" shipments will be accepted)

3. PARTS USED

QTY.	PART #	DESCRIPTION	MSRP	TOTAL	OFFICE USE ONLY	
TOTAL						

4. LABOR (HRS) _____ @ 60.00 per hr

5. DRIVING TIME (max 5 hrs) _____ @ 20.00 per hr

LOCATION FROM _____ TO _____

6. DISTANCE (max 200 miles) _____ @ .50 per mile

SUMMARY OF WARRANTY REQUESTED

PARTS TOTAL			
LABOR TOTAL			
DRIVING TOTAL			
MILEAGE TOTAL			
TOTAL WARRANTY REQUESTED			

7. OTHER COMMENTS

SIGNATURE (PERSON FILLING OUT FORM) _____