



PALADIN
LIGHT CONSTRUCTION

WARRANTY CLAIM FORM

Claim form must be filled out completely & submitted within 30 days of failure

Bradco McMillen The Major
 PO Box 266 Delhi IA 52223
 Fax 563.922.2700

FFC
 100 East Lee Rd Lee IL 60530
 Fax 815.824.2620

Sweepster Harley
 2800 North Zeeb Rd Dexter MI 48130
 Fax 734.996.9014

Dealer Claim # _____ PLC Claim # _____ Dealer Account # _____

WARRANTY AUTH. # _____	USER TYPE (CNTR-RNTL-ETC.) _____
DEALER NAME _____	USER NAME _____
ADDRESS _____	ADDRESS _____
CITY _____	CITY _____
STATE _____ ZIP _____	STATE _____ ZIP _____
TELEPHONE NO. _____	TELEPHONE NO. _____
MODEL NO. _____	DATE OF FAILURE _____
SERIAL NO. _____	HOURS ON UNIT _____
UNIT MOUNTED ON _____	REPAIR DATE _____
DELIVERY DATE OF UNIT _____	FAILURE CAUSED BY PART NO. _____

PLEASE ATTACH COPIES OF PARTS INVOICES AND/OR OUTSIDE LABOR INVOICES. ANY ITEMS RETURNED TO PALADIN LIGHT CONSTRUCTION DIVISIONS MUST HAVE RETURN MATERIAL AUTHORIZATION NUMBER (RMA).

DESCRIPTION OF FAILURE

CORRECTIVE MEASURES TAKEN

PART NO.	DESCRIPTION	QTY	COST EA.	TOTAL	HOURS	RATE	TOTAL
				\$ -		\$ -	\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -

COMPLETED BY PLC	
PARTS	
DEALER LABOR	_____
OUTSIDE LABOR	_____
FREIGHT	_____
MISC	_____
TOTAL CREDIT	_____
WARRANTY MANAGER	DATE: _____
PLANT CONTROLLER	DATE: _____
OTHER - PM/VPGM	DATE: _____

DEALER CLAIM CREDIT SUMMARY	
PARTS	
DEALER LABOR	_____
OUTSIDE LABOR	_____
FREIGHT	_____
MISC	_____
TOTAL REQUESTED	_____
DEALER SIGNATURE:	TITLE: _____ DATE: _____