

# WARRANTY CLAIM REQUEST

5656 HWY#6 North, Guelph, ON, Canada, N1H 6J2

Telephone: 1.519.824.8520 Email: warranty.canada@walinga.com & warranty.usa@walinga.com



**Claim #** \_\_\_\_\_

**NOTE:**

No claims will be allowed unless the factory is called before proceeding with any work and approval is given.

**DATE (yr/mth/day):**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Return Goods Authorization #(R.G.A.) must be obtained before material is returned.  
Freight Prepaid

**Distributor/Dealer**

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal: \_\_\_\_\_

Date Sold (yr/mth/day): \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Failure (yr/mth/day): \_\_\_\_/\_\_\_\_/\_\_\_\_

Original Sales Order #: \_\_\_\_\_

**Owner**

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal: \_\_\_\_\_

Type of Equipment: \_\_\_\_\_ Original Sales Order #: \_\_\_\_\_

Serial # / VIN #: \_\_\_\_\_

Start up/Commissioning Date (yr/mth/day): \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Hours Operated: \_\_\_\_\_ Total Mileage: \_\_\_\_\_

**Describe failure and parts replaced:**


**Customer Expectation:**     Credit/Reimbursement     Repair     New Replacement

Comments:

DISTRIBUTOR SIGNATURE: \_\_\_\_\_ CUSTOMER SIGNATURE: \_\_\_\_\_