



GENERATOR WARRANTY SERVICE CLAIM FORM

THIS FORM MUST BE FILED WITH WINCO'S SERVICE DEPARTMENT WITHIN SIXTY (60) DAYS OF REPAIR COMPLETION

GENERATOR LOCATION			WINCO DEALER PERFORMING WORK	
OWNER _____			NAME _____	
ADDRESS _____			ADDRESS _____	
DATE OF PURCHASE:	DATE IN USE:	DATE OF FAILURE:	PHONE:	
DATE:	CUST #:		MODEL #:	
CASE #:	RMA #:		SERIAL #:	
GENERATOR APPLICATION			GENERATOR HOURS:	
COMMERICAL	CONSTRUCTION		M-SPEC #:	JOB #:
RESIDENTIAL	RENTAL			

COMPLAINT (Enter the original customer complaint when claim was initiated.):

CAUSE (Describe the failure accurately, completely, and factually.):

CORRECTION (Briefly describe the repair made.):

PARTS AND LABOR CHARGES

		REQUESTED		
PART #	QTY	DESCRIPTION	EACH	TOTAL
				\$
				\$
FREIGHT				\$
LABOR	HOURS @ \$		TOTAL	\$
MILAGE	MILES @ \$		TOTAL	\$

TOTAL CLAIM REQUESTED \$

SUBMITTED BY _____ _____ SIGNATURE	SUBMIT	*IF YOUR ACCOUNT HAS NET INVOICING TERMS, YOUR ACCOUNT WILL BE CREDITED. IF NOT, A CHECK WILL BE ISSUED.