



Warranty Claim Form

DATE : _____

Customer Information	Dealer Information
Name _____	Name _____
Address _____	Address _____
City _____ St. _____ Zip _____	City _____ St. _____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____
E-Mail _____	E-Mail _____

Product Information	
Model _____	Serial # _____
Date Purchased: _____ / _____ / _____	Date of Service: _____ / _____ / _____
Description of Problem : _____	

LABOR			
Hours	Rate	Description	Cost

PARTS				
Qty.	Part #	Description	Supreme Inv. #	Cost

Return to
 3594 Jarry east
 Montreal, Quebec
 H1Z 2G4

Total labor cost of repair / replacement of parts only	Labor \$	\$0.00
Total cost of part(s) used in the repairing unit	Parts \$	\$0.00
Total amount claimed, parts & labor	Total \$	\$0.00

For office use only	
Field Scrap Part <input type="checkbox"/>	
Require Return of Part <input type="checkbox"/>	
Total Credit	\$0.00
Date Approved: _____ / _____ / _____	Authorized Signature: _____