



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 \$	
Total cost of part(s) used in the repairing unit	Parts \$	
Total amount claimed, parts & labor	Total \$	

For office use only

Field Scrap Part

Require Return of Part

Total Credit _____

Date Approved: ____ / ____ / ____ **Authorized Signature:** _____