



**BLUE GIANT EQUIPMENT CORPORATION**  
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# WARRANTY CLAIM FORM

DEALER ID #		DEALER NAME			CLAIM FORM DATE (MM/DD/YYYY)			
HAS UNIT BEEN MAINTAINED / LUBRICATED AS SPECIFIED IN ACCORDANCE WITH OWNER'S MANUAL?								
<b>YES</b>				<b>NO</b>				
EQUIPMENT MODEL NO.		SERIAL NO.		CUSTOMER				
DATE OF SALE OF EQUIPMENT		HOUR METER READING		CUSTOMER ADDRESS				
EQUIPMENT PURCHASE INV #		DEALER REPAIR ORDER #		CITY/ STATE/ PROVINCE				
SUBMITTED BY (PRINT FULL NAME)		TITLE			ZIP / POSTAL CODE			
Phone:		Fax:		E-Mail:				
LABOUR TOTAL HOURS:		RATE:		LABOUR TOTAL		START DATE (MM/DD/YY)		
TRAVEL TOTAL HOURS:		RATE:		TRAVEL TOTAL		FINISH DATE (MM/DD/YY)		
DESCRIPTION OF FAULT:								
NATURE OF FAULT:								
CORRECTIVE PROCEDURE (FULL DETAILS REQUIRED, INCOMPLETE INFORMATION WILL DELAY PROCESS)								
BLUE GIANT PART NO.	PART DESCRIPTION			QTY	BLUE GIANT REPLACEMENT PART/S INVOICE NUMBER/S		PRICE	TOTAL
Freight P E								
<b>WC#</b>				<b>RG#</b>				