



# Warranty Claim Form

<b>A</b>	Distributor _____	Date _____
	Address _____	Bateman Claim ID# _____
	City/Prov(State) _____	Distributor Claim # _____
	Postal Code _____	Machine/Make Model _____
	Phone _____	Machine/Serial No. _____
	Fax _____	

<b>B</b>	End User _____
	Address _____

<b>C</b>	Bateman Model# _____	Serial No. _____
	Date of Purchase/Dely _____	Failure Date _____ Hours _____

<b>D</b>	<u>Description of Failure:</u>
	_____
	_____
	_____
	_____

<b>E</b>	<u>Describe state of defective material or workmanship:</u>
	_____
	_____
	_____

**(NB. Claim is not awarded or assessed until the receipt of defective parts)**

<b>P A R T S</b>	Quantity	Part No.	Description	Invoice No.	Unit Price	Ext. Price

**\*\*Non Bateman purchase parts must have copy of purchase invoice included with the claim form please\*\***

<b>L A B O U R</b>			Hours	Rate	Ext. Rate
	<u>Distributor Services:</u>	Service Labour		\$75.00	
	<u>Subcontract Services:</u>	Description of Service	Invoice No.	Rate	Ext. Rate

**\*\* Subcontract invoices to be submitted and required with claim & labour will only be paid at authorized rate\*\***

<b>H</b>	<u>Submission Instructions:</u>
	Return by Mail: Bateman Manufacturing, 5 Winstar Rd., Oro-Medonte, ON, L0L 2L0
	Return by Fax: (705)487-5290
	Return by Email: darlene@batemanmanufacturing.com or mark@batemanmanufacturing.com

<b>I</b>	<b>***Administration Only***</b>	
	Bateman Claim No. _____	Approved by: _____
	Warranty Credit No. _____	Claim Total _____
		Parts: _____
		Subcontract _____

Labour _____
Other _____