

WARRANTY LABOR CLAIM FORM

INVOICE INFORMATION												
Invoice Number						Invoice Date						
Warranty Number												
SERVICE PROVIDER												
Dealer /Technician Name						Account Number						
Street Address												
City				State				Zip				
Phone Number				Fax				Contact				
CUSTOMER INFORMATION												
Customer Name						Account Number						
Address												
City				State				Zip				
Phone Number				Fax				Contact				
PRODUCT INFORMATION												
Type Of Use			<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential			Unit Model Number						
Serial Number						Date Of Purchase						
Out Of Box Issue?			<input type="checkbox"/> Yes <input type="checkbox"/> No			Date Of Service						
Are You A SportsArt Certified Technician?						<input type="checkbox"/> Yes			<input type="checkbox"/> No			
ORIGINAL ISSUE												
REPAIR OR DIAGNOSTIC ACTION (Detailed Information Needed)												
LABOR/TRAVEL INFORMATION										HOURS X RATE =		AMOUNT
Labor										\$40		
Travel										\$40		
Labor = \$40 hr /\$50hr(certified) billable in ¼ hr increments Total Amount, Travel = \$40 hr, billable in ¼ hr increments										Total Amount		
VALIDATION SIGNATURE												
Technician Signature						Date						
Customer Signature <small>(sign when filled out)</small>						Date						