

WWW.DRRINC.COM

P.O. BOX 875 Brunswick • Ohio • 44212 • 330-220-3102 • Fax 1-330-220-3204

WARRANTY CLAIM FORM

Cause of problem

DATE	_____
Dealer	_____
Address	_____
City, State	_____
ZIP	_____
Phone	_____
Fax	_____
Model:	_____
VIN. #	_____
Date sold:	_____
Failure Date:	_____
Repair Date	_____
Mileage/ Hours	_____
Customer	_____
Address	_____
City, State	_____
ZIP	_____
Phone	_____

Part Number	QTY	DESCRIPTION	PRICE	TOTAL
Task Code	Work Performed	Time	TOTAL	
Total Time				
Total Parts				
Total Shipping				

I certify that this warranty claim form is complete and accurate, a copy of the shop work is attached.

I certify a Product Registration Form and assembly check list is on file with DRR INC. I understand falsifying records will have serious consequences.

Signature: _____ **Title** _____ **Date** _____

Parts must be held for 6 months and returned upon request with in 5 business days or Claim will be Denied
Warranty parts ground only.