

VALSI



REF. NO. _____

THIS NUMBER MUST APPEAR
ON ALL CORRESPONDENCE

WARRANTY CLAIM REPORT

REPORT MUST BE FILLED OUT COMPLETELY.

REPAIR DATE: _____

1	Owner's Name
Address	
City, State	Zip
Signature	Phone

2	Product Model No.	Serial No.
Maintenance Level No.		Type, Serial or Spec. No.
Type of Equipment		Date Failed
Warranty Start Date		Warranty Complete Date

3	Distributor
City, State	Zip
Signature	

4	Unit Purchased From	Date
Address		
City, State	Zip	

5	Probable Cause of Failure (word defective not sufficient)

6	Work Performed

7	QTY	Part No.	Description	Retail Price	Total	Hours	Factory Use Only
					Total Hrs.		

8	Warranty Performed By
Firm Name	
Address	
City, State	Zip
Signature	Phone

9	Authorized Service No.
Factory Use Only	

NOTE: MUST BE SUBMITTED PER MANUFACTURER'S INSTRUCTIONS WITHIN 30 DAYS FROM DATE OF REPAIR.

Email: parts@johnelandis.com

Fax: (717) 299-4404

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