KBN//Yamakoyo
119 Component Drive
San Jose, CA 95131
P: (866) 852-6872
F: (866) 952-6872

RMA #	
Repair Date:	
Ticket #	
Invoice #	

WARRANTY CLAIM REPORT

1	Owner Name:
	Street Address:
	City, State & Zip:
	Phone No.:
	Email Acct.:
	Owner Signature:

2	Model No.:	Serial No:
	Engine No.:	Type or Spec #:
	Type of Equipment:	Hours Used:
		Date Failed:
	How Used:	

3	Distributor:
	Street Address:
	City, State & Zip:
	Phone & Fax:
	Signature:

4	Unit Purchased From:
	Date Of Purchase:
	Address:
	City, State & Zip:
	Phone & Fax

5	Probable Cause of Failure (Word Defective Not Sufficient):

6	Work Performed:

7	Warranty Performed By:
	Company Name:
	Address:
	City:
	State & Zip:
	Phone No.

8	Qty	Part #	Description	Price	Total	Hours	Factory Use Only
					0		
					$0.00		
					$0.00		
					$0.00		
					$0.00		
					$0.00		
					$0.00		
					$0.00		
					$0.00		
			Labor Rate: $	Total: $	$0.00	0.00	

Factory Use Only	
Parts Total Approved ($):	Date Approved:
Labor Total Approved (hr. @ $/hr.):	Approved By:

Note: Must Be Submitted Per Manufacturer's Instructions Within 30 Days From Date of Repair/Replacement

Please Print & Fax Completed Form To Your Distributor
Or
E-Mail Completed Form To support@kbnusa.com