



Mailing:
 Absolute E-Z Up
 295 Seven Farms Drive
 Suite C – 193
 Charleston, SC 29492
 ph: (843) 388-2556
 fax: (843) 388-2558

Shipping:
 c/o Hindley Electronics, Inc.
 715 Innovation Drive
 Bowling Green, Ohio 43402
 ph: (419) 352-7110
 fax: (419) 352-0628

Warranty Claim Number

Date: _____

Dealer: _____

Customer: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Contact: _____ Phone: _____

Contact: _____ Phone: _____

Model: _____

Serial Number: _____

Customer Delivery Date: _____

(A) Description of Failure

Failure Date: _____

Hour Meter Reading: _____

(B) Corrective Action Taken

Repair Date: _____

Call for Returned Goods Authorization (RGA) number: _____

Quantity	Part Number	Description	Unit Cost	Total Cost	AEUP Invoice Number

Dealer Authorized Signature: _____ Date: ____/____/____

Certify that the information contained hereon is accurate. Unless otherwise shown, services described were performed at no charge to owner. Records to support the validity of this claim are available for inspection by representatives of Absolute E-Z Up.

Important Note:

Attach a copy of work order for repair to this claim when submitting to the Absolute E-Z Up Warranty Department.
 Credit will be issued only following inspection and disposition by factory of defective parts returned prepaid within 45 days from date of failure.
 Returned parts must be accompanied by packing list copy of this claim form. Also, all claims must be filed within 15 days of machine failure date.
 Please refer to claim number on all attachments and communications.

Dealer Labor Expenses		Travel Time	
Date	Labor (hrs)	Date	Hrs

Total Hours _____ @ \$ _____ per hour*

* Dealer authorized field repair rate

Do not write in the section below, for internal use only.

Dealer Code: _____

Problem Code: _____ Bulletin #: _____

Parts \$ _____

Labor \$ _____ hrs @ \$ _____ an hour

Travel \$ _____ hrs @ \$ _____ an hour

Misc. \$ _____

Freight \$ _____

Total

Credit \$ _____