



Mailing and Shipping:  
 Hindley Electronics, Inc.  
 715 Innovation Drive  
 Bowling Green, Ohio 43402

Warranty Claim Number \_\_\_\_\_

Date \_\_\_\_\_

email: [ChrisD@HindleyParts.com](mailto:ChrisD@HindleyParts.com)  
 phone: 419-352-7110 ext 105

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: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\*Note: if damage has occurred during shipping, inform driver at time of delivery, notate on BOL and have driver sign.

Contact AEUP Immediately at 843-388-2556 or [dianebugley@absolute-zup.com](mailto:dianebugley@absolute-zup.com) . If damage is found later, take photos and include those in the claim emailed to [ChrisD@HindleyParts.com](mailto:ChrisD@HindleyParts.com) along with the warranty claim forms.

Quantity	Part Number	Description	Unit Cost	Total Cost	AEUP Invoice Number

Dealer Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Certify that the information contained herein is accurate. Records to support the validity of this claim must be available for inspection by representatives of Absolute E-Z Up and manufacturers.

**Important Note:** Please take and forward any photos of damage if possible and email those along with the claim. Attach a copy of work order for repair to this claim when submitting to the Hindley Electronics at [Chris.D@HindleyParts.com](mailto:Chris.D@HindleyParts.com) . Credit will be issued only following inspection and disposition by factory of defective parts returned prepaid within 15 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. Freight charges to be covered by purchaser unless requested by manufacturer.

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

*\*\*Labor is reimbursed for first year for AEUP/Bravi products; six months for AEUP/Zallys and AEUP/CTE products. Reimbursable rate is \$65.00 per hour for AEUP/Bravi products/ \$40.00 per hour for CTE and Zallys products\*\**

Total Hours \_\_\_\_\_ @ \$ \_\_\_\_\_ per hour\*

\* Dealer authorized field repair rate (\$65 or \$40 per hour as listed above)