LIFTKING® INDUSTRIES INC.
7135 ISLINGTON AVE. TEL (905) 851-3989
WOODBRIDGE ONTARIO FAX (905) 851-6396
CANADA L4L 1V9 WWW.LIFTKING.COM

# WARRANTY CLAIM

| CLAIM NUMBER |
|---|
| |

RESET FORM

| DISTRIBUTOR | OWNER |
|---|---|
| NAME | NAME |
| ADDRESS | ADDRESS |
| CITY | CITY |
| STATE/PROV. | STATE/PROV. |
| ZIP/POSTAL | ZIP/POSTAL |
| **MODEL** | **DATE OF FAILURE** |
| **SERIAL NUMBER** | **DATE REPAIRS COMPLETED** |
| **DATE DELIVERED** | **DATE OF CLAIM** |
| **HOURS IN SERVICE** | **DATE PARTS RETURNED** |

**PARTS REPLACED** RESET

| Part Number | Description | Qty. | Invoice No. | Unit Price | Extension |
|---|---|---|---|---|---|
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| | | | | | |
| | | | | **TOTAL PARTS** | |

**Describe Repair and/or Reason for Claim**

| HOURS | RATE | |
|---|---|---|
| | | |
| | **TOTAL LABOUR** | |
| | **TOTAL CLAIM** | |

DO NOT WRITE IN SPACE BELOW

HRS ☐ PARTS ____ LABOUR ____ AMOUNT APPROVED ____

APPROVED BY

DATE

DENIED ☐ COMMENTS

Please provide a point of contact should the need arise to discuss this claim

NAME PHONE NO.

FORM WC1001