WARRANTY CLAIM FORM

IMPORTANT:

1) Claim must be submitted within 30 days of failure

2) One unit per claim form

3) All information required to process

CONTACT INFORMATION:

SHEA COAKLEY, SALES MANAGER
EMAIL: SCOAKLEY@STROBELMFG.COM
PHONE: 308.548.2254 / 308.325.2277

DEALER / CUSTOMER DETAILS

DATE OF CLAIM:		DEALER:	
CUSTOMER NAME:		CUSTOMER PHONE:	
ADDRESS:		EMAIL:	
CITY:		PO #:	
STATE:		INVOICE #:	
ZIP CODE:		SERIAL #:	
PURCHASE DATE:		MODEL:	
DATE OF FAILURE:		UNIT TYPE:	

FAILURE DESCRIPTION

PRODUCT DETAILS

PART NO.	DESCRIPTION	QTY	RETAIL COST
		TOTAL	$

PART REIMBURSEMENT (CHECK ONE)

☐	**CREDIT**
☐	**REPLACEMENT**

SHIP TO: *IF OTHER THAN DEALERSHIP*

NAME:	
ADDRESS:	
CITY/STATE/ZIP:	

LABOR EXPENSE

HOURS	RATE	TOTAL	DESCRIPTION	
			TOTAL	

TOTAL CLAIM AMOUNT REQUESTED

PARTS	LABOR	TOTAL
$	$	$

CUSTOMER / DEALER SIGNATURE — DATE

STROBEL AUTHORIZATION — DATE