



# STANDARD WARRANTY CLAIM FORM

CORPORATE OFFICE

717 S Lander St, Seattle, WA 98134

Phone - 206-624-4590

**VENDOR CLAIM #**

*\*\*write N/A if not needed\*\**

**BRANCH #/LOCATION**

**\*\*IMPORTANT – Please make sure that all sections are filled out completely and accurately. Incomplete information cannot be processed and will cause delay\*\***

**MUST CHECK ONE**

Product Warranty  Part Warranty  Extended Warranty  Special Labor Allowance

**Original Customer Sales Order # (P21)**

**Service Contractor**

**Address**

**City**

**State**

**Zip**

**Phone #**

**TSI Internal RMA # (from P21)**

**Date Purchased  
(or Installed)**

**Date of Service  
(If Needed)**

**Name of Equipment Manufacturer**

**Customer Name**

**Address**

**City**

**State**

**Zip**

**Phone #**

**MODEL #**

**SERIAL #**

## PARTS AND MATERIALS

FAILED/RETURN PART #	REPLACEMENT PART #	ITEM DESCRIPTION	QTY	CREDIT/REPLACE

**Date Old Part Installed**

**Date Old Part Failed**

**Specific Reason for Failure**

**Service Performed**

**YOUR NAME:**

**COMPANY (SERVICE CONTRACTOR):**

**PHONE NO:**

**REPRESENTATIVE SIGNATURE:**

**DATE:**