



Warranty Claim Form

Customer Details	Generator Location Details			
Date: Contact person: Company: Street address: City: Country: Zip/Postal code: Mobile: Email:	*If different than Customer address* Contact person: Company: Street address: City: Country: Zip/Postal code: Mobile: Email:			
Generator Details:				
Date of purchase:	Total hours:			
Model:	Serial number:			
Engine model:	Engine serial number:			
Alternator model:	Alternator serial number:			
Controller model:	LTS/ATS Model:			
Incident Description				
<input type="checkbox"/> Engine	<input type="checkbox"/> Alternator	<input type="checkbox"/> Controller	<input type="checkbox"/> Canopy	<input type="checkbox"/> Frame
Name:			Signature	