



Warranty Claim Form

Order #	
SERVICING DEALER	
Name:	_____
A Street:	
City/State/Zip:	_____
Account #:	_____ Store #: _____
Phone #:	_____
Email:	_____

OWNER	
Name:	_____
Street:	_____
City/State/Zip:	_____
Phone #:	_____

Description Of Failure		
I.	A.-Mechanical B.-Electrical C.-Engine D.-No Problem Found E.-Frt. Damage	
II.	A.-Tank B.-Pump C.-Shroud/Guard D.-Tubing E.-Motor F.-Switch G.-Check Valve H.-Carburetor I.-Air Filter J.-Gas Leak K.-No Problem Found L.- Special Circumstances M. Capacitor N.- Thermal OverLoad O.-Regulator	
III.	A.- Repair/Adjust B.-Replace/Adjust C.-Tune Up D.-Inspection E.-Customer Good Will	
I.	II.	III.

ACCOUNTS PAYABLE ONLY	
Company Code	VENDOR #
MIND or METL	
Parts GL 630509	Cost Center
Labor GL 630508	
Document #	

MAIL TO:
Sanborn Mfg.
CLAIMS
118 West Rock Street
Springfield MN 56087

EMAIL TO:
Warranty.Claims@Sanborn-Mfg.com
PHONE:
888.895.4549
FAX
507.723.5013

GENERAL INFORMATION		
How Used:	Commercial	Personal
	(check one)	
D Sales Slip Attached:	Yes	No
	(check one)	
Sanborn Authorization By: _____		
Date Completed: _____		

JOB CODE	QTY.	PART #	REPLACE PART	REPAIR PART	PART DESCRIPTION	DIAGNOSIS TIME IN	REPLACEMENT TIME IN MINUTES	SERVICE CENTER COST	SANBORN USE ONLY
TOTALS						0.00	0.00	\$0.00	

Conditions found and repairs made:	
Sanborn Comments	

SANBORN USE ONLY	
H	Code
	Approval
	Job #

UNIT INFORMATION	
Date Purchased: _____	Date Failed: _____
Unit Model Number: _____	
Unit Serial Number: _____	

	hours	rate	
J TOTAL HOURS(diagnosis + replacement)	0		\$0.00
TRAVEL TIME(approval required)	0		\$0.00
MISCELLANEOUS CHARGES (specify)			
TOTAL PAYMENT DUE			\$0.00

REPAIRPERSON:
I certify that the foregoing repairs have been made and equipment is now operating satisfactorily.

K _____
Customer Signature