

Warranty Claim Form



Date _____

GMP Dealer

Customer # _____
 Company _____
 Address _____

 Contact _____
 Phone _____
 Fax _____
 E-mail _____

Customer (for dealer reference)

Reference # _____
 Company _____
 Address _____

 Contact _____
 Phone _____
 Fax _____
 E-mail _____

Equipment Information

Unit Model # _____ Unit Serial # _____ Unit Hours _____
 Ship Date _____ In-service Date _____ Incident Date _____

Complaint, Cause & Correction

Qty	Part #	Description	Sales Order	Price (USD)
Parts Total (USD)				
Labor Total (Hours)				

Submit

For Generac Mobile Products use only.

Claim Status Approved Not Approved Parts Return Scrap Amount _____

Control # _____ RMA # _____ Account # _____

Claim Date _____ Return Date _____ Approval _____

Notes