



1205 Galleria Blvd., Rock Hill, SC 29730

warranty@appliedmach.com

ph: 803.327.4949 | fax: 803.327.4949

Warranty Claim Form

* Please be sure to complete all sections of this form. This will help ensure claims get processed quickly. Please also include three images of the issue and parts that are going to be claimed. Thank you!*

| | | |
|---------------|----------------|----------------------|
| Machine Model | Date | <input type="text"/> |
| Technician | Machine Hours | |
| SAV Number | Chassis Number | |
| Phone Number | E-mail Address | |

Please give a full description of the issue:

Complaint

Cause

Correction

Parts Used: (parts ordered and shop parts used)

| | |
|---------------------------|------|
| Part Number / Description | QTY. |
| Part Number / Description | QTY. |
| Part Number / Description | QTY. |
| Part Number / Description | QTY. |
| Part Number / Description | QTY. |

Labor Required:

Start Date Date of Completion

Hours Requested Process

Notes

SUBMIT COMPLETED FORM TO:
WARRANTY@APPLIEDMACH.COM OR (803) 327-4952