CUTTING SYSTEMS, INC. 774 Zeb Rd

Union Grove, NC 28689 Tel: 704-592-2451 Fax: 704-592-4458



CSI Warranty Claim Form

All sections must be completely filled out with attached copy of shop work order.

								WO#			
	DEALER					CUSTOMER					
Α	DDRESS					ADDRESS					
	STATE			ZIP		CITY					
	STATE			_ ZIP _		STATE					
				CUST	OMER EQI	JIPMENT DE	ETAILS				
	DATE PURCHASED MODEL							SERIAL#			
1.	DESCRI	BE PROBLE	M								
2.	DESCRI	BE WARRAN	NTY WORK	PERFORMED			DATE PI	ERFORMED			
NOTE: Parts must be returned with warranty claim before the claim will be considered for payment. (Parts must be returned freight prepaid. No "Collect" shipments will be accepted) 3. PARTS USED											
3.	QTY.	PART#	l	DESCRIPTION	ı	MCDD	TOTAL	OFFICE	THEE ONLY		
	QII.	PART#		DESCRIPTION		IVISKP	TOTAL	OFFICE	USE ONLY		
					TOTAL						
	LAROR (URS)					1					
	LABOR ((max 5 hrs) @ 60.00 pe								
٦.	DIVIVING	I IIVIL (IIIAX O	riisj								
	LOCATION FROM					то					
6.	DISTANO	DISTANCE (max 200 miles) @ .50 per				mile					
				SUMMAR	RY OF WAR	RANTY REC	QUESTED				
					D.4.D.7	FO TOTAL					
	PARTS TOTAL										
						DATE PERFORMED Defore the claim will be considered for payment. shipments will be accepted) MSRP TOTAL OFFICE USE ONLY MSRP TOTAL OFFICE USE ONLY TO mile TOTAL R TOTAL G TOTAL G TOTAL G TOTAL E TOTAL TO TIP ZIP ZIP ZIP ZIP ZIP ZIP DATE PERFORMED SERIAL# DATE PERFORMED DATE PE					
	WILLAGE TO										
7	TOTAL WARRANTY REQUESTED 7. OTHER COMMENTS										
٠.	JIILK										
	SIGNAT	URE (PERSO	ON FILLING O	UT FORM)							