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 _____
ADDRESS _____ ADDRESS _____
CITY _____ CITY _____
STATE _____ ZIP _____ STATE _____ ZIP _____

CUSTOMER EQUIPMENT DETAILS

DATE PURCHASED _____ MODEL _____ SERIAL# _____

1. DESCRIBE PROBLEM

2. DESCRIBE WARRANTY WORK PERFORMED DATE PERFORMED _____

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

QTY.	PART #	DESCRIPTION	PRICE	TOTAL	OFFICE USE ONLY	
				0		
				0		
				0		
				0		
				0		
				0		
		TOTAL	0	0		

4. LABOR *(HRS)* _____ @ 60.00 per hr 0.00
5. DRIVING TIME *(max 5 hrs)* _____ @ 20.00 per hr 0.00

LOCATION FROM _____ TO _____

6. DISTANCE *(max 200 miles)* _____ @ 1.00 per mile 0.00

SUMMARY OF WARRANTY REQUESTED

PARTS TOTAL			
LABOR TOTAL			
DRIVING TOTAL			
MILEAGE TOTAL			
TOTAL WARRANTY REQUESTED	0.00		

7. OTHER COMMENTS

SIGNATURE *(PERSON FILLING OUT FORM)* _____