



Mailing:
8350 Eastgate Road
Henderson, NV 89015

Ph: (702)-636-2969
Fax: (702)-636-4943

Warranty
Claim Number

Date: _____

Dealer: _____

Customer: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Model: _____ Serial Number: _____ Customer Delivery Date: _____

(A) Description of Failure Failure Date: _____ Hour Meter Reading: _____

(B) Corrective Action Taken Repair Date: _____

Problem Part Number: _____ Problem Part (mfg.) Serial Number: _____

Quantity	Part Number	Description	Unit Cost	Total Cost	Xtreme Invoice Number

Dealer Authorized Signature: _____

Certify that the information contained hereon is accurate. Unless otherwise shown, services described were performed at no charge to owner. Records to support the validity of this claim are available for inspection by representatives of Xtreme.

Important Note:
Attach a copy of work order for repair to this claim when submitting to the Xtreme Warranty Department.
Credit will be issued only following inspection and disposition by factory of defective parts returned prepaid within 30 days from date of failure. Returned parts must be accompanied by packing list copy of this claim form.
Please refer to claim number on all attachments and communications.

Date	Labor (hrs)	Date	Travel (hrs)

Total Hours _____ @ \$ _____ per hour*
* Dealer authorized field repair rate

RMA # _____

CO # _____

Do not write in the section below, for internal use only.
Dealer Code: _____
Problem Code: _____ Bulletin #: _____
Parts \$ _____
Labor \$ _____ hrs @ \$ _____ an hour
Travel \$ _____ hrs @ \$ _____ an hour
Misc. \$ _____
Freight \$ _____
Total
Credit \$ _____