

ALLIANCE WARRANTY CLAIM FORM

- All fields on this Claim Form are to be COMPLETED in full.
- Full model and serial number must be provided.
- All claims are subject to evaluation and will be reviewed for clarity of content.
- Faulty spares to be returned before the end of each month.
- Terms and conditions apply.
- IF ANY OF THESE STEPS ARE NOT FOLLOWED, WARRANTY CONSIDERATION WILL BE DELAYED OR DENIED.

Claim Submitted By: (Company requesting reimbursement)

Date: _____

Your company Name: _____

Address: _____

Contact Numbers: _____

Equipment Information: (MANDATORY)

Complete Model Number: _____

Complete Serial Number: _____

Date of Purchase: _____ Invoice number _____

End User Name: _____

End User Contact Number: _____

Explain part failure in detail or describe how part is malfunctioning (Writing "PART FAULTY") is not an acceptable explanation.

Part/s Required: _____

