



# Warranty Claim Form

**PALADIN** UTILITY

|                        |                 |               |   |           |
|------------------------|-----------------|---------------|---|-----------|
| For Internal Use Only: | CR              | Y             | N | AMT _____ |
| Warranty # _____       | Invoice # _____ | Order # _____ |   |           |

Claim Date: \_\_\_\_\_ Pengo Account #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

PO or Order #: \_\_\_\_\_

*Please attach copy of invoice.*

Part No.: \_\_\_\_\_ Description: \_\_\_\_\_ Qty: \_\_\_\_\_

Part No.: \_\_\_\_\_ Description: \_\_\_\_\_ Qty: \_\_\_\_\_

Part No.: \_\_\_\_\_ Description: \_\_\_\_\_ Qty: \_\_\_\_\_

Part No.: \_\_\_\_\_ Description: \_\_\_\_\_ Qty: \_\_\_\_\_

Complete Description of Situation: \_\_\_\_\_

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**Fax To: 712-845-2497**

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