

# RED DEVIL SNOWBLOWERS

## WARRANTY CLAIM FORM

|                |               |                       |  |      |
|----------------|---------------|-----------------------|--|------|
| DATE:          | COMPLETED BY: | DEALER ACCOUNT NUMBER | DATE RECEIVED BY OFFICE  |      |
| CUSTOMER NAME: |               |                       | RED DEVIL<br>270 WEST PARK AVE<br>HURON, SOUTH DAKOTA<br>866.526.5682<br>FAX: 605.352.2927<br><a href="mailto:info@reddevilblowers.com">info@reddevilblowers.com</a> |      |
| ADDRESS:       | CITY:         | STATE:                |  | ZIP: |
| PHONE:         |               |                       |  |      |

| UNIT OR ATTACHMENT THAT FAILED           |                |                  |                 |
|--|----------------|------------------|-----------------|
| PART#                                    | INVOICE#       | DATE OF PURCHASE | DATE OF FAILURE |
| SERIAL #                                 | DATE OF REPAIR | REPAIRED BY      |                 |
| DESCRIPTION OF FAILURE/REASON FOR CREDIT |                |                  |                 |
|  |                |                  |                 |
|  |                |                  |                 |
|  |                |                  |                 |
|  |                |                  |                 |
|  |                |                  |                 |
|  |                |                  |                 |
|  |                |                  |                 |
|  |                |                  |                 |
|  |                |                  |                 |
| SIGNATURE:                               |                |                  |                 |

**IMPORTANT**

1. Claim must be submitted within 30 days of failure.
2. Hold parts at Dealer location for disposition instructions.
3. Claims will be considered within 15 days of receipt of claim form & returned parts.

| COMPANY USE ONLY            |  |        |
|-----------------------------|--|--------|
| WARRANTY APPROVED           |  | AMOUNT |
|                             |  | \$     |
|                             |  |        |
|                             |  |        |
|                             |  |        |
|                             |  |        |
|                             |  |        |
|                             |  |        |
| TOTAL PARTS                 |  |        |
| TOTAL LABOR & OTHER CREDITS |  |        |
| TOTAL CREDITS               |  |        |

**PARTS REPLACED**  
(ITEMS CHECKED MUST BE RETURNED TO FACTORY.)

| QUANTITY | PART# | DESCRIPTION |
|----------|-------|-------------|
|          |       |             |
|          |       |             |
|          |       |             |
|          |       |             |
|          |       |             |
|          |       |             |
|          |       |             |
|          |       |             |

| RETURN PARTS BY: |  |
|------------------|--|
| UPS              |  |
| FED EX           |  |
| FREIGHT          |  |

| LABOR HOURS    | DESCRIPTION | RATE \$95/HR | TOTAL |
|----------------|-------------|--------------|-------|
|                |             |              |       |
|                |             |              |       |
|                |             |              |       |
|                |             |              |       |
| TOTAL LABOR \$ |             |              |       |

|                     |  |
|---------------------|--|
| CLAIM APPROVED      |  |
| CLAIM PENDING       |  |
| RETURN & INSPECTION |  |
| CLAIM DENIED        |  |

|  |   |
|--|---|
| <b>CLAIM NUMBER</b><br>THIS NUMBER WILL MATCH THE CREDIT SHOWN ON STATEMENT. | <b>PRE-AUTHORIZATION NUMBER</b><br>ANY REPAIR OVER \$150.00 REQUIRES PRIOR AUTHORIZATION. |
|--|---|