

WARRANTY CLAIM FORM

** ALL FIELDS MUST BE COMPLETED IN ORDER TO PROCESS THE WARRANTY

CONTROL OF THE RECEPTION OF WARRANTIES | RETURNS

Date	RGA #
Contact	Cojali Ref. / Jaltest Serial # (s)
Company	
Phone Number (s)	
Shipping Address	Distributor Company
	Distributor Name
	Phone Number (s)
E-mail	E-mail

CUSTOMER CLAIM | WARRANTY DESCRIPTION

THIS SECTION WILL BE COMPLETED BY COJALI USA

WARRANTY	RECEPTION DATE	REPAIR DATE	RETURN DATE	REPLACEMENT	REPLACEMENT TYPE

COMMENTS | PERFORMED TESTS

WORKED ON BY: