

# 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: