



Warranty Claim Form

Work MUST be authorized by factory

Klein Case Number: _____ Date Received: _____
(From Factory) (From Factory)

EQUIPMENT INFORMATION:

Klein Tank Model No: _____ Dealer W.O. Number: _____
 Klein Tank Serial No: _____ Failure Date: _____
 Prime Mover Make & Model: _____ Repair Date: _____
 Prime Mover Serial Number: _____ Hours on Equipment: _____
 Date New Klein Equipment Shipped: _____ Equipment Location: _____

CONTACT INFORMATION:

Dealer: _____ Contact Name: _____
 Owner (end user): _____ Contact Phone: _____
 Address: _____ Email or Fax: _____

DESCRIPTION OF FAILURE: (Send pictures and sketches)

Problem: (What is not operating or what has failed?)

Solution: (What material and/or labor was required to repair?)

PARTS USED IN REPAIR:

Item #	Qty	Part Number	Description	Cost Each	Total	Klein Approved
1						
2						
3						
4						
5						
Labor						
Freight		(This warranty claim does not obligate Klein Products to bear the cost of labor or transportation charges in connection with the replacement or repair of defective parts unless authorized by the manufacturer)				
Total Claim						

Please mail, email or fax one copy to:
 Klein Products, Inc., P.O. Box 3700 Ontario, CA USA 91761 | claims@kleinproducts.com | fax: 909.460.4545