



Warranty Claim Form

All Fields Are Required To Be Filled Out Unless Otherwise Noted

Claim No.: _____

Return No.: _____

Dealer Name: _____	Date Purchased: _____
Account No.: _____	Order No.: _____
Phone: _____	Date Installed: _____
Email: _____	Date Failed: _____
Person to Contact: _____	Hours Part Used: _____

Equipment Manufacturer: _____	
Description: _____	Model No.: _____
Serial No.: _____	Engine/Transaxle Make (If Applicable): _____
Engine/Transaxle Model No. (If Applicable): _____	Spec or Type No.: _____

Description of and Probable Cause of Failure (Word Defective Not Sufficient)

Part No.	Qty	Description	Dealer Cost	Total	Henry's Use Only

HENRYS INTERNAL USE ONLY

Henry's Use Only	Warranty Credit
Reviewed by Warranty: _____	Parts: _____ Freight : _____
Reviewed by Customer Service: _____	
Additional Review (if required): _____	Total Credit: _____

RMA No.: _____	Date: _____	Return (Y/N): _____
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