



Warranty Claim Form

SE	RVICING DEALER	
Name:		
Street:		
City/State/Zip		_
Account #:	Store #:	
Phone #:		_
Email		

		OWNER	
В	Name:		
	Street:		
	City/State/Zip:		•
	Phone #:	·	

		Description Of Failure
	I.	AMechanical BElectrical CEngine
	1.	D. -No Problem Found E. -Frt. Damage
;		ATank BPump CShroud/Guard
		D. -Tubing E. -Motor F. -Switch
		GCheck Valve HCarburetor IAir Filter
		JGas Leak KNo Problem Found L
		Special Circumstances M. Capacitor N
		Thermal OverLoad ORegulator
		A Repair/Adjust BReplace/Adjust
	III.	CTune Up DInspection
		ECustomer Good Will
	I.	II. III.

ACCO	UNTS PAYABLE ONLY
Company Code	VENDOR #
MIND or METL	
Parts GL 630509	Cost Center
Labor GL 630508	
Document #	

MAIL TO: EMAIL TO:

Sanborn Mfg. Warranty.Claims@Sanborn-Mfg.com

CLAIMS PHONE:
118 West Rock Street 888.895.4549
Springfield MN 56087 FAX
507.723.5013

	GENERAL INFORMATION						
	How Used:	Commercial	Personal				
	(check one)						
D	Sales Slip Attached:	Yes	No				
	(check one)						
	Sanborn Authorization By:						
	Date Completed:						

	SANBORN USE ONLY
	Code
Н	Approval
	Job#

١	l	JNIT INFORMATION
	Date Purchased:	Date Failed:
	Unit Model Number:	
I	Unit Serial Number:	

	JOB CODE	QTY.	PART#	REPLACE PART	REPAIR PART	PART DESCRIPTION	DIAGNOSIS TIME IN	REPLACEMENT TIME IN MINUTES	SERVICE CENTER COST	SANBORN USE ONLY
Εĺ										
										•
						TOTALS	0.00	0.00	\$0.00	

	Conditions found and repairs made:
F	
	Sanborn Comments
G	
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		hours	rate	
	TOTAL HOURS(diagnosis + replacement)	0		\$0.00
J	TRAVEL TIME(approval required)	0		\$0.00
[MISCELLANEOUS CHARGES (specify)			
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	TOTAL PAYMENT DUE			\$0.00

REPAIRPERSON:

I certify that the foregoing repairs have been made and equipment is now operating satisfactorily.

Κ	Customer Signature