



3900 Kelley Avenue, Cleveland, Ohio 44114
 Tel: 216-431-2600 Fax: 216-431-2601
 Toll-Free: 1-800-321-1046
 e-mail: CustSvc@AlliedCP.com
 website: www.AlliedCP.com

DO NOT FILL IN RED SHADED AREAS

WARRANTY CLAIM

ALLIED REFERENCE NO.	
DATE ISSUED	
RED SHADED AREA FOR ALLIED FACTORY USE ONLY	
WARRANTY REGISTRATION ON FILE	CODE
CARRIER (REQUIRED)	ESTABLISHED
APPLICATION (REQUIRED)	LABOR RATE
Municipality <input type="checkbox"/>	
Primary Breaking <input type="checkbox"/>	
Secondary Breaking <input type="checkbox"/>	
Trenching <input type="checkbox"/>	
Mining <input type="checkbox"/>	
Compacting <input type="checkbox"/>	
Boom <input type="checkbox"/>	
Scaling <input type="checkbox"/>	
Metallurgical <input type="checkbox"/>	

TYPE AND SUBMIT WITHIN 15 DAYS OF REPAIR to custsvc@alliedcp.com

DISTRIBUTOR: (REQUIRED)

NAME: [REDACTED]
 ADDRESS: [REDACTED]
 CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

CUSTOMER:

NAME: [REDACTED]
 ADDRESS: [REDACTED]
 CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

STOCK SOLD RENTAL DEMO

CLAIM DATE (REQUIRED) [REDACTED] IN SERVICE/DELIVERY DATE (REQUIRED) [REDACTED]

UNREGISTERED ITEMS ARE PROCESSED BASED ALLIED SHIPPED INVOICE

DISTRIBUTOR CLAIM NO.
[REDACTED]

MODEL NUMBER (REQUIRED)
[REDACTED]

SERIAL NUMBER (REQUIRED)
[REDACTED]

ORIGINAL PART FAILURE
 REPLACEMENT PART FAILURE
 NEW PART NEVER USED & DEFECTIVE

HOURS OF USE: _____ UNIT _____ PART _____

FAILURE DATE (REQUIRED) [REDACTED]

REPAIR DATE (REQUIRED) [REDACTED]

(REQUIRED) DESCRIBE PART WHICH FAILED AND CAUSE AND CORRECTON OF FAILURE:
 [REDACTED]

ITEM NO.	QUAN	ALLIED PART NUMBER	DESCRIPTION	REQUEST CREDIT AGAINST ALLIED INVOICE NO.	ALLIED INVOICE DATE	LIST PRICE EACH	TOTAL LIST PRICE	DIST. DISC. %	TOTAL NET
1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
3	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
4	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
5	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
6	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
7	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
8	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
9	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
CREDIT SUMMARY	TOTAL ALLIED PARTS \$ [REDACTED]	TOTAL LABOR SHOP [REDACTED] X [REDACTED] X HOURS [REDACTED] RATE [REDACTED] 75% = \$ [REDACTED]	TOTAL MISC. \$ [REDACTED]	TOTAL FREIGHT (RETURN ITEMS) \$ [REDACTED]	TOTAL CREDIT REQUEST \$ [REDACTED]				

ALLIED REQUIRES COPIES OF ALL OUTSIDE /MISC. INVOICE/LABOR BREAKDOWN/COPY SHOP WORK ORDER.

CORRECTIONS (ALLIED USE)					
CLAIM SUBMITTED BY: (REQUIRED)	PARTS DISPOSITION:			CLAIM - DENIED <input checked="" type="checkbox"/>	
DISTRIBUTOR SIGNATURE (REQUIRED)	<input checked="" type="checkbox"/> HOLD FOR ALLIED REPRESENTATIVE <input checked="" type="checkbox"/> SCRAP IN FIELD (HOLD 30 DAYS) <input checked="" type="checkbox"/> NO ACTION NECESSARY <input checked="" type="checkbox"/> OUT OF WARRANTY <input checked="" type="checkbox"/> NOT COVERED BY WARRANTY <input checked="" type="checkbox"/> RETURN TO ALLIED FOR INSPECTION WITHIN 30 DAYS CLAIM "PACKING LIST" COPY MUST BE INCLUDED WITH PARTS: PARTS & CARTONS MUST BE TAGGED WITH CORRECT ALLIED REFERENCE NUMBER TAGS: FREIGHT: PRE-PAID <input checked="" type="checkbox"/> COLLECT <input checked="" type="checkbox"/>			REASON	
TYPE NAME & PHONE (REQUIRED)				ALLIED REPRESENTATIVE DATE	
EMAIL	DATE			CREDIT MEMO NO.	DATE AMOUNT
				CREDIT MEMO NO.	DATE AMOUNT



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ADDITIONAL INFORMATION/PHOTOS/INVOICES/RECIPTS/WORKORDERS