

Liquid Controls Warranty Request form

To Be Completed By Distributor

WARRANTY SERVICE REQUESTED

Date: _____

This section must be completed and faxed to LC to obtain Pre-Authorization

Work Done By: _____

Location: _____

Phone #: _____

Fax #: _____

Contact: _____

Serial #: _____

Installation Date: _____

Model #: _____

Failure Date: _____ Mileage : _____ Labor : _____

*If the failure date is past 12 months from the date of shipment from LC, proof of the date of sale (in the form of a copy of the distributors invoice to the customer), must be submitted in addition to the complete warranty service claim.

DESCRIPTION OF FAILURE

P/N	PARTS REPLACED Description	S/N (If applicable)
_____	_____	_____
_____	_____	_____

Ship to: _____

PO#/Ref# _____

Ship Via: _____

The completed Warranty Claim and all parts replaced must be received by LC within 30 days of the pre-authorization date or the Warranty Claim will be denied.

FOR COMPLETION BY LC

Authorization _____
(LC Associate) (Date)

RMA #. _____ Labor Hrs. Auth. _____ Mileage Auth. _____