

**BEN PEARSON TUBEMASTER
 WARRANTY REPORT
 MAIL TO: 2912 WEST 2ND AVE
 PINE BLUFF, ARKANSAS 71601
 OR FAX: 870-534-3177**

**CUSTOMER INVOICE NO. _____
 WARRANTY AUTHORIZATION NO. _____**

INCOMPLETE WARRANTY CLAIMS WILL BE RETURNED FOR COMPLETION

JOB LOCATION

NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE # _____	SERIAL NO. _____ MODEL NO. _____ DATE PURCHASED _____ INSTALL DATE _____ DATE DEFECT REPORTED _____
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SERVICE CO

PARTS USED

NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE # _____	<u>PART #</u>	<u>DESCRIPTION</u>	<u>QTY</u>

INSTALLED BY

NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE # _____	MILEAGE _____ MILES @ _____ /MI. = _____ SERVICE LABOR _____ HRS. @ _____ /HR. = _____ SUBTOTAL = _____
COMPLAINT _____ _____ _____	MISC. ITEMS _____ = _____ _____ = _____ _____ = _____ TOTAL = _____

CORRECTIVE ACTION TAKEN:

SERVICE ACCEPTED BY _____	TITLE _____
SERVICE TECHNICIAN _____	DATE _____

THIS FORM IS TO BE USED FOR REPORTING ALL WARRANTY CLAIMS AND MUST BE SUBMITTED WITHIN 30 DAYS FROM DATE OF REPAIR. OTHERWISE BEN PEARSON TUBEMASTER WILL NOT GUARANTEE PAYMENT.

OFFICE USE ONLY—DO NOT WRITE BELOW THIS LINE

_____ APPROVED _____ PARTIALLY APPROVED _____ DISALLOWED

COMMENTS

CODES: _____ BY: _____ DATE: _____