

## WARRANTY CLAIM FORM

### Owner/Operator Information

**Company Name** \_\_\_\_\_  
 Street Address 1 \_\_\_\_\_  
 Street Address 2 \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Province \_\_\_\_\_  
 Zip/Postal Code \_\_\_\_\_  
 Country \_\_\_\_\_

Viking Customer ID No \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

A/C Serial Number\* \_\_\_\_\_  
 A/C Registration \_\_\_\_\_

A/C TTSN\* \_\_\_\_\_  
 A/C TCSN\* \_\_\_\_\_

### Detailed Claim Information

**Claim Request Type\*:** Credit  Replacement  Repair

Part Number*	Serial Number*	Description	Qty	Remarks

**Reason for Removal / Description of Repair / Maintenance Action\*:**

  
  
  
  

Date of Installation (if post A/C delivery) \_\_\_\_\_  
 Date of Failure \_\_\_\_\_  
 Date of Removal\* \_\_\_\_\_

A/C Hours at Installation (if post A/C delivery) \_\_\_\_\_  
 A/C Cycles at Installation (if post A/C delivery) \_\_\_\_\_  
 A/C Hours at Removal\* \_\_\_\_\_  
 A/C Cycles at Removal\* \_\_\_\_\_

Date\*: \_\_\_\_\_

Signature: \_\_\_\_\_

\*mandatory field

Viking's obligations are subject to submission of a warranty claim in writing to Viking within the Warranty Period but no later than 30 days of the Defect becoming apparent. All warranty claims shall be subject to audit and approval by Viking. Viking will make reasonable efforts to advise the Buyer of the disposition of the Buyer's warranty claim within thirty (30) days of Viking's receipt of the warranty claim and/or return of the defective Goods and Services to Viking's designated facility at the Buyer's cost. Viking shall notify the Buyer of Viking's disposition of each warranty claim in writing.

For internal use only

Sales Order No.	Name		Claim Accepted	Yes	No
WO No	Signature		Warranty Plus	Yes	No
Case File	Date		Remarks		