



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 MSN* _____
 A/C Registration _____
 A/C Warranty Expiry _____

A/C TTSN* _____
 A/C TCSN* _____

Detailed Claim Information

Claim Request Type*: Credit Replacement Repair

Part Number*	Serial Number*	Part Description	Qty	Remarks

Reason for Removal / Description of Repair / Maintenance Action / Troubleshooting Performed*:

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
RMA No.	Signature	Work Order No.		
Maximizer Case No.	Date	SDR Required / SDR No.		