



E-mail: warranty@us.haulotte.com
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WARRANTY APPLICATION

Machine Model: _____ Customer Name : _____
 Serial Number: _____ Address : _____
 Number of hours: _____
 Breakdown Date: _____

Problem:
Cause:
Repairs Made:

HAULOTTE PARTS

Description	Part Number	Quantity	Purchase Price
Total in \$			

OTHER PARTS (Must include a copy of the Invoice)

Description	Part Number	Quantity	Purchase Price
Total in \$			

Labor Rate							
Repair Date							Total Hours
Hours Worked							Total Labor in \$

Date: _____
 Name and Signature: _____ Parts and Labor in total \$ _____

I, the undersigned, certify to the best of my knowledge that the above statements are true and correct, that the parts in question do belong to the equipment described and the reconditioning has been carried out.

HAULOTTE DECISION

Warranty Accepted

Thanks for returning the parts within
two weeks

Warranty Rejected

Claim Number _____
 Date: _____
 Name: _____

Date: _____
 Name: _____

Date: _____
 Name: _____

CONDITIONS OF WARRANTY: THIS FORM MUST BE COMPLETED AND RETURNED, ALONG WITH ALL DEFECTIVE PARTS, TO HAULOTTE U.S. WITHIN 15 DAYS OF REPAIR. ALL PARTS INVOICES RELATING TO CLAIM MUST BE PAID IN FULL. FAILURE TO PERFORM ANY OF THESE CONDITIONS WILL RESULT IN THE CLAIM FOR WARRANTY REIMBURSEMENT TO