



WARRANTY LABOR CLAIM FORM

FAX CLAIMS TO (425) 275 5129 OR E-MAIL SERVICE@SPORTSARTAMERICA.COM.

Your Invoice #:		Invoice Date:	
Warranty #:			

SERVICE PROVIDER INFORMATION:

Dealer/Technician Name:		Account #:	
Address:			
City:		State:	
Phone:		Fax:	
		Zip:	
		Contact:	

CUSTOMER INFORMATION:

Customer Name:		Account #:	
Address:			
City:		State:	
Phone:		Fax:	
		Zip:	
		Contact:	

PRODUCT INFORMATION:

Type of Use:	<input type="checkbox"/> Residential	<input type="checkbox"/> Non Residential	Unit Model #	
Serial #:			Date of Purchase:	
Out of Box Problem:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Service:	
Are you a SportsArt Certified Technician? <input type="checkbox"/> Yes <input type="checkbox"/> No				

ORIGINAL ISSUE:

REPAIR OR DIAGNOSTIC ACTION: (Detailed Information needed)

LABOR / TRAVEL INFORMATION:		Hours x Rate =	Amount
Labor:		\$40	\$
Travel:		\$40	\$
<i>Labor = \$40 hr / \$50hr(certified) billable in ¼ hr increments Travel = \$40 hr, billable in ¼ hr increments</i>		Total Amount	

VALIDATION SIGNATURES:

Technician Signature:		Date:	
Customer Signature: (Sign only when filled out)		Date:	

SUBMIT WARRANTY LABOR CLAIMS WITHIN ONE WEEK FROM JOB DATE. RETURN DRIVE BOARDS, DISPLAY BOARDS, INCLINE/STRIDE MOTORS, AND BATTERIES ASSOCIATED WITH WARRANTY ORDERS. PARTS MUST ARRIVE FOR CLAIMS TO BE PROCESSED. INCOMPLETE OR LATE CLAIMS WILL BE REJECTED. THANK YOU. SERVICE TEL: (866) 709-1750