



Lift-Tek Elecar
 29015 Castel San Giovanni (PC)
 Via Galilei Galileo
 Italy
 Phone: 39 0523 843241
 Fax: 39 0523 881346

Lift-Tek Elecar Warranty Claim Form

Date: _____

Return # _____

*To be supplied by Lift-Tek Elecar

DEALER INFORMATION

Dealer _____ Customer # _____
 Address _____
 City _____ Postal Code _____
 Country _____
 Phone _____ Fax _____
 E-Mail _____
 Warranty Administrator _____
 Servicing Dealer _____
 (if different than above)
 End User _____

MAST INFORMATION

Mast ID & Serial #: _____
 OEM Part # _____ Date Code: _____
 Replacement Parts Only
 Installation Date: _____ Failure Date _____

FAILURE INFORMATION

Parts that caused the problem:

Complete Description of Problem and Solution:

WORK ORDER INFORMATION

Labour Hrs Claimed: _____ Travel Hrs Claimed: _____
 Troubleshooting Hrs: _____ Labour Rate: _____
 Claim Work Order or Invoice # _____

TRUCK INFORMATION

Lift Truck Make & Model: _____
 Truck Serial #: _____ Hour Meter Reading: _____
 Auto Relief PSI _____ Volume _____ GPM: _____

FAILED PART INFORMATION

Qty	Failed Part	Description	\$
Total Claim:			

FORM INSTRUCTIONS

Fill out claim and fax to 39 0523 881346 Or mail to:

Lift-Tek Elecar
29015 Castel San Giovanni (PC)
Via Galilei Galileo, Italy

File claims within thirty (30) days of failure.

Identify product by **Lift-Tek Elecar ID & Serial Number (Only those properly identified can be considered for warranty).**

Lift-Tek Elecar product is warranted for 12 months from the date of installation, 2000 hours or 18 months from the date of shipment from Lift-Tek Elecar. All hoses for 6 months. Please limit claims to the filing period.

Retain all parts until you receive an RGA (return goods authorization) from Lift-Tek Elecar. Parts must be returned to Lift-Tek Elecar within 10 days.

QA Manager's approval required if credit amount is above \$1000: _____