



WARRANTY CLAIM FORM

Form #: QA-N-106d

DEALERS NAME AND ADDRESS

Alliance Industries Inc.
 450 East Luzerne St.
 Philadelphia, PA 19124
 Ph. #: 1-800-480-1499
 Fax: 1-800-480-1299

This claim is subject to rejection if not received within prescribed time limit from repair date and is also subject to limitations in effect at time of submission. No credit will be issued unless all red headings are completely and properly filled out and parts are returned to Alliance for evaluation.

CUSTOMER NAME AND ADDRESS

Warranty tracking #

RGA #

ENGINE MODEL#	ENGINE SERIAL #	DEALER INVOICE
EQUIPMENT MANUFACTURER	VIN NUMBER	INSTALLATION DATE
FAILURE DATE	REPAIR DATE	LABOR HOURS CLAIMED
INSTALLED HOURS ON VEHICLE		TRAVEL MILES- After Installation
TRAVEL HOURS- After Installation		

LABOR DESCRIPTION 1. Reason for service or nature of the problem. 2. Cause of problem	3. How was it fixed 4. Is the immediate problem resolved?	PART # AND DESCRIPTION	PARTS PRICING		
			QUANTITY	UNIT PRICE	AMOUNT

On behalf of the Servicing Agency, I hereby certify that the information contained hereon is accurate; unless otherwise shown. There was no indication from the appearance of the unit and its components or accessories, or otherwise, that any part repaired or replaced under this claim has been damaged willfully, by negligence of improper maintenance, or by accident. The above listed part(s) and records supporting the validity of this claim are available for inspection

AMOUNT REQUESTED	
TOTAL PARTS	TOTAL LABOR
TOTAL REQUESTED	

SIGNATURE _____ TITLE _____ DATE _____

ALLIANCE USE ONLY			
TOTAL PARTS CREDIT	REASON FOR ADJUSTMENTS	APPROVED BY	DATE
TOTAL LABOR CREDIT	REASON FOR ADJUSTMENTS	DATE CREDIT ISSUED	