



WARRANTY CLAIM

Dealer Name: _____
 Address: _____
 Phone: _____
 Contact: _____

Customer Name: _____
 Address: _____
 Phone: _____

Type of Claim (check one):

PRE-APPROVAL Need approval for parts now, will submit Final Claim later. Metal Craft® Docks will invoice for parts and process credit after Final Claim is received and approved.

FINAL CLAIM Request approval for work performed and parts used.

Product Model: _____
 Part Description: _____
 Lorentz Winch Serial #: _____

Date of Purchase: _____
(include copy of customer sales invoice)
 Date of Problem: _____

Description of Problem: _____

Why do you believe that it is a warranty situation?

Which parts and/or labor dollars are you requesting under warranty?

All material involved in the claim must be returned to Metal Craft® Docks for inspection. Metal Craft® Docks will replace or repair the material per Warranty terms. Has the item been returned to Metal Craft® Docks?
YES/NO

Are photographs available for review? **YES/NO**
If yes, please include them with this application (for digital camera images, please email to info@metalcraftdocks.com)

Send Warranty Claim for by Fax to 440-286-7134 or email to info@metalcraftdocks.com.
Please call us so that we can help ensure the best solution to the issue.

For Metal Craft Docks Office Personnel Only		
Findings:		
Resolution:		
Claim No.	Date:	Handled By:

Rev. 11/2016