Novae Corp.

Warranty Claim Report

1	Owner's Name	
	Street Address	
	City, State	Zip Code
	Owner's Signature	Phone

2	Equipment Model No.	
	VIN# of Trailer (Last 6 Digits)	
	Type of Equip.	Hours used
	Residential Commercial Industrial	Date Failed

3	Distributor:	
	City State	Zip Code
	Signature	

4	Purchased From: (Dealership)	Purchase Date:
	Street Address:	
	City State	Zip Code

5	Probable Cause of Failure: (Word "Defective" not Sufficient)

6	Work Performed:

7	Part No.	Description	Qty.	Price	Total	Hours

8	Warranty Performed By:		
	Company:		
	Street Address		
	City:		
	State	ZIP	Phone
	Signed:		

9	**Factory Use only**:
	Warranty Credit:
	Labor:
	Parts:
	Discount %
	Total Credit í

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