



Westinghouse WARRANTY CLAIM

1	OWNER'S LAST NAME	COMMERCIAL USER	
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
FIRST:		MI:	
ADDRESS:			
CITY:		STATE:	
PHONE:		ZIP:	
EMAIL:			
CUSTOMER SIGNATURE:			

2 CASE #

3	WARRANTY PERFORMED BY				
Firm Name:					
Address:					
City:		State:			
Phone:		Zip Code:			
Email:					
Signed:					
Purchased Date		Failure Date		Repair Date	
Mo.	Day	Yr.	Mo.	Day	Yr.
4	HRS. AT FAILURE		5	PURCHASED FROM	

7 MODEL NUMBER

8 FAILURE SUFFIX

9 SERIAL NUMBER

10 Condition Found/Probable Cause of Failure (Word “Defective” Not Sufficient)

11 Work Performed

12 Miscellaneous	Dollars	Cents
Freight/Postage Allowance Attach Freight Bill		

13 LABOR	HRS.	MINs.	Total \$
Repair 1			
Repair 2			
Repair 3			
Misc. Labor			
R & R			
TOTAL OF ALL CHARGES			