



Date: \_\_\_\_\_

Company Name (Purchaser): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### PURCHASE DETAILS

Original Invoice Number: \_\_\_\_\_ Original Install Date: \_\_\_\_\_

Product Name: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Original Installation (or Drop Ship) Address: \_\_\_\_\_

### PRODUCT INFORMATION

Product Code/Model Number: \_\_\_\_\_  
*(Typically found on ticket underneath or inside product)*

Description of Damages/Repairs: \_\_\_\_\_  
*(Photos must be attached to this submission to process a claim)*

How did damage occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CONTACT & LOCATION

If Different From Above, Site Address for Repair(s): \_\_\_\_\_  
\_\_\_\_\_

Name of Onsite Contact: \_\_\_\_\_

Warranty form must be completed in its entirety and accompanied by a photo of product damage before Facility Planners can process this claim. If you would like someone from Facility Planners to come out and evaluate the damage, there will be a per-person charge of \$55/hour, plus a trip charge of \$28.57. By submitting this form, submitter acknowledges not all manufactures will warrant product and/or labor and I/we will be notified of any charges prior to any work being done.