

WARRANTY REQUEST FORM

Tel: 905-864-3110

Fax: 905-878-6935

NOTICE:	RETURN COMPLETED REQUEST FORM TO LUBECORE INTERNATIONALS' WARRANTY ADMINISTRATION DEPARTMENT WITHIN 14 DAYS. INCOMPLETE REQUEST FORMS WILL NOT BE PROCESSED!!!										
Office Use		Valid	Yes	No			ivel			abour	
WRTN #			Initia	ted by							
Warranty Request Date:				t Return ition Date:							
Product Arrival Date:				Product Evaluation Date:							
Requested By:											
Customer Details											
Company/End User			Contact:								
Address											
City			Prov	Province/State				Pos	tal		
Phone #				e-mail							
Vehicle Information											
Make			Compl	lete VIN#							
Manufacture Date		Model					Unit#				
Kms / Miles			Hrs	Hrs		On Road		0		d	
ALS Manufacture											
Type of ALS	EPO Pneumatic	EPO Electric	EP2 Pne	EP2 Pneumatic		ectric	SLD Hydraulic		SLD Electric		MLP
Old Pump Serial #			New P	New Pump Seria							
Old Timer Serial #			New T	imer seria	l #						
Service Details											
Defects found during inspection (If more room is needed, please write on the back of this work order)											



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Repairs done during inspection			(If more room is needed, please write on the back of this work order)						
Parts			(If more room is needed, please write on the back of this work order)						
Qty	Part #	Part Description	Qty	Part #	Part Description				
Technician's Name or ID# (Print Clearly)			Date						
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Office	e Use								