

WARRANTY CLAIM FORM

Customer			Appliance Model No		
Address			Appliance Serial No		
CityState			Customer Appliance Purchase Date		
Zip CodeTelephone			Service Date		
CLAIM FILED BY:			RETURN PARTS BY UPS TO:		
Service Agent's Name					
Address			3050 N. ST. FRANCIS WICHITA, KS 67219		
CityState			RETURN PARTS BY U.S. POSTAL SERVICE TO:		
Zip CodeTelephone					
			P.O. BOX 4020 WICHITA, KS 67204		
Complain	t			·	
PARTS REPLACED:			FOR RV PRODUCTS USE ONLY - 4603-500		
QTY.	PART NUMBER	DESCRIPTION	CONDITION	VENDOR	DATE RECEIVED
					DATE WORKED
					PARTS EXAMINED BY
					TRANSPORTATION
					CUSTOMER CODE
HANDLI	NG REQUESTED FOR 1	RETURNED PART:	N	O TRAVEL T	TIME OR MILEAGE ALLOWED
REPLAC	EMENTOR	CREDIT			
If credit is	s requested and the parts w	vere purchased from RV Pr	roducts, give RV Pro	oducts Invoice	e No
CLAIM T	ГОТАL \$				
	y certified that the inform and at no cost to the owner		rurate and that the se	rvices perfort	ned (part and labor) were within
	Dealer Service	Manager			