AIE WARRANTY CLAIM FORM

Date:_____ Dealer Name:_____

Owner:_____ Phone #:_____

Address:_____ City:_____ State:_____ Zip:_____

*** * ALL CHARACTERS IN THE MODEL # MUST BE INCLUDED IN ORDER FOR THE CLAIM TO BE PROCESSED * ***

Eng / Gen Model Number: _____ Eng / Gen Serial Number: _____

Manufacturer (Circle One): Lister-Petter Iveco Ford Honda Kubota Generac Stihl

Manufacturer Model #:_____ Equipment Serial #: _____

HOT Code (Ford Only):_____ Date of Retail Purchase: _____

Miles / Hours: _____ Warranty: Yes No AIE Assigned Dealer Claim #: _____

Repairs Required:_____

Initial Tests & Observations: _____

Repairs Made:_____

_____ Total Hours Claimed:_____

Service Parts Used / Required: _____

Qty	Part Number	Description	Cost

Dealer Labor Rate:_____ Outside Labor Rate (Attach Info): _____

Shop Supplies Used: _____

Quarts Oil: _____ Gallon Coolant: _____

Dealer Technician Signature: _____