

ALSIP'S INDUSTRIAL PRODUCTS LTD.

1 COLE AVENUE
 WINNIPEG, MANITOBA R2L 1J3
 (204) 667-3330 ph (204) 668-7581 fax
WARRANTY CLAIM FORM

Account Name:		Date:	
Contact Name:		Phone Number:	
Manufacturer:		Alsip's Invoice Number:	
Stove/Fireplace model #:		Serial number:	
Stove/Fireplace description:		Date of failure:	
Owner Name:		Date of installation:	
Owner address:			
City/Town:		Included documentation:	
Postal Code:		Original Invoice (Y/N)	
Phone Number:		Photo of defect (Y/N)	
Reason for Claim: (circle one)			
Concealed Damage	Freight Damage	Over Shipped	Shipped Short
Defective Product	Incorrect Product	Pricing	Warranty Repair
Missing Components	Freight Charges		
Other (explain)			
Description of problem:			
Failed part numbers		Description	
Ship replacement part (Y/N)		Include labour (Y/N)	
Credit invoice #		(Y/N)	
OFFICE USE ONLY			
Date claim received		Claim approved from supplier (Y/N)	
Manufacturer claim number		Credit issued to customer (Y/N)	
Replacement part ordered (Y/N)		Credit received from supplier (Y/N)	
Replacement part from stock (Y/N)		Customer picking slip/invoice attached (Y/N)	
Manufacturer claim form attached (Y/N)		Customer credit note attached (Y/N)	