



# WARRANTY CLAIM FORM

### How to File a Claim

1. Notify Pitts's Warranty Administrator at 334-855-4754 ext. 212 or Fax 334-855-3507 immediately upon discovery of a defect.
2. Provide the following information:
  - a. Serial number of the equipment
  - b. Name of company submitting claim
  - c. A complete description of the problem
  - d. Photographs of problem area. Where applicable.
  - e. Name of two proposed repair shops and copies of their repair estimates
  - f. Location of equipment so it can be inspected
3. If the claim is approved under the terms of this warranty, Pitts will issue a claim number which must appear on all invoices submitted
4. Pitts may require that the equipment, or certain parts or components, be returned to our Pittsview, Alabama office, a Pitts affiliate, or a designated service shop at purchaser's expense. Replacement parts will be furnished, conditions permitting, if Pitts or the parts manufacturer determines part to be defective.
5. All warranty work must be performed at the location designated or approved by the Pitts Warranty Administrator. Warranty coverage is limited to work specifically authorized.
6. Any unauthorized work or parts appearing on an invoice filed in connection with a warranty claim will not be paid by Pitts and may delay processing the remainder of the claim. Work performed without prior authorization of the warranty administrator will not be paid under any circumstances.
7. Labor time will be determined from the shop manual, not to exceed \$60.00 per hour.
8. Return Parts to: PITTS ENTERPRISES 5734 Old Seale Hwy, Pittsview, AL 36871, Attn: Warranty Administrator at Phone 334-855-4754 Fax 334-855-350

**\*\*\*PLEASE CALL WARRANTY ADMINISTRATOR BEFORE ATTEMPTING ANY REPAIRS.\*\*\***

Trailer Serial Number: \_\_\_\_\_

Date Trailer Sold: \_\_\_\_\_

Date of Claim: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Repair Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Description of Repair or Replacement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Part Number	Part Description	Quantity	Unit Cost	Total Cost

Labor Hours: \_\_\_\_\_ Labor Rate: \_\_\_\_\_ Total Materials Cost: \_\_\_\_\_

Total Labor Cost: \_\_\_\_\_ Total Cost of Claim: \_\_\_\_\_