

Machine Model:	Serial #:		
Warranty Authorization # :	Date:		
Distributor:	Customer		
Address: _____	Address: _____		
City: _____	City: _____		
Province: _____ Postal Code: _____	Province: _____ Postal Code: _____		
Attention: _____	Attention: _____		
Phone: _____	Phone: _____		
Fax: _____	Fax: _____		
Ship Part To: Distributor: _____ Customer: _____ Po#: _____			
(Required to Issue Warranty)			
Parts declared under warranty must be returned to CAPS within 15 Days of this claim.			
Parts declared as warranty will be invoiced but credited upon receipt of old parts.			
Quantity	Wulftec Part Number	Price	Description
Description of why the part is being declared under warranty:			
Shipping Costs for all warranty claims are <u>the responsibility of the customer</u> , Please Indicate below the preferred method of shipment :			
Fed Ex Collect: _____	Acct # _____		
UPS Collect: _____	Acct # _____		
Dicom Collect: _____	Acct # _____		
Other: _____	Acct # _____		
Warranty Claim Form Completed By: _____		Date: _____	
Warranty Authorized By: _____		Date: _____	