



WARRANTY CLAIM FORM

DATE



DEALER

CUSTOMER

NAME:	NAME:
ADDRESS:	ADDRESS:
CITY/ST/Zip Code:	CITY/ST/Zip Code:
PHONE #:	PHONE #:
E-MAIL:	E-MAIL:

DATE OF FAILURE:		DATE OF FAILURE:	
SERIAL # (if available)		DATE OF CLAIM:	
DATE WHEEL CODE:	Attach picture	DATE OF REPAIRS:	
YEARS IN SERVICE:		DATE OF PURCHASE	Attach copy of receipt/invoice

QTY	PART #	DESCRIPTION	

DESCRIBE PRODUCT ISSUE, REPAIR AND/OR REASON FOR CLAIM

PLEASE PROVIDE A POINT OF CONTACT SHOULD THE NEED ARISE TO DISCUSS THIS CLAIM

NAME:	PHONE#:
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* The following must be included with completed claim form:

1. Pictures of claimed defect / failure, of the overall part and of the date wheels
2. Copy of original purchase invoice / receipt

** PLEASE NOTE:

Marine Pro Dock Systems (MPDS) warranty only covers workmanship & material defects. Replacement or repair is at the sole discretion of MPDS. The customer is responsible for shipment of replacement parts.