



SAMSON
Samson Corp. Swannanoa, NC-USA

**FIELD WARRANTY CLAIM FORM
FORMA DE DEMANDA DE LA GARANTÍA DEL CAMPO
FORME DE RÉCLAMATION DE GARANTIE DE CHAMP**

MUST INCLUDE SERIAL NUMBER
DEBE INCLUIR NÚMERO DE SERIE
DOIT INCLURE LE NUMÉRO DE SÉRIE

Ref.: FWCF 091906

ALL WARRANTY CLAIMS MUST BE SUBMITTED WITHIN 30 DAYS OF SERVICE.

CONTACT NAME:	INVOICE NO:
COMPANY NAME:	PHONE:
ADDRESS:	FAX:
CITY, STATE & ZIP:	DATE REPORTED:
DATE OF ORIGINAL INSTALLATION:	DATE OF SERVICE:
INSTALLATION LOCATION:	

TROUBLE REPORTED:

TECHNICAL SERVICE PERFORMED:

MATERIAL AND LABOR:

QTY	PART # DESCRIPTION	PRICE	AMOUNT	TIME	DATE
				IN:	
				OUT:	
				TOTAL HRS.	@ \$ /hr.
				LABOR:	
				TOTAL MAT'L:	
				TRAVEL:	
				TOTAL:	

SERIAL NUMBER(S):
AUTHORIZED SIGNATURE:

SIGNATURE ABOVE IS ACCEPTANCE OF ABOVE SERVICE AS BEING SATISFACTORY- EQUIPMENT IS IN GOOD WORKING ORDER