

Vogt Ice Warranty Claim Submittal

Part Warranty

Machine Warranty

Extended Warranty

Customer Information

Customer Name (Company Name) _____

Address _____

City _____ State _____

Country _____ Postal Code _____

Contact Name _____ Title _____

E-mail Address (For warranty claim responses) _____ @ _____ .com

Contact Phone Number _____

Product Information

Model # _____ Serial Number _____

Description _____ Quantity _____

Start Up Date _____ Date of Failure _____

Detailed reason for warranty claim submittal (attach pictures)

FOR VOGT ICE USE ONLY

JOB/CRO# _____ DATE _____

CLAIM # _____ RMA # _____

If Warranty /Approved by _____ Date _____

If Sales Allowed / Approved by _____ Date _____

After approval, submit this form with supporting documents to Vogt Accounting. Scan into Job File