



FASTFAX WARRANTY CLAIM APPLICATION

1-586-977-0880

ENGINE #	_____
CLAIM #	_____
ORDER #	_____

ENG SERIAL #	_____
MODEL:	_____
TRANS #	_____
TRANS. MODEL#	_____
DATE OF SALE: / /	ENG HRS _____
DATE OF FAILURE: / /	_____
BOAT HULL TYPE:	_____

DATE: / /	DEALER # _____
DEALER NAME/ _____	TECH or CONTACT: _____
PHONE: _____	FAX: _____
ADDRESS: _____	_____

OWNER: _____	PHONE: _____
ADDRESS: _____	_____

DESCRIPTION OF PROBLEM:

QTY.	PART #	DESCRIPTION	COST	QTY.	PART #	DESCRIPTION	COST

LABOR OP. #	TIME ALLOW.	LABOR EXT.	FAIL CODE	LABOR OPERATION DESCRIPTION

PARTS:	_____
STOCK PARTS ADD 10%:	_____
LABOR:	_____
RETURN FREIGHT:	_____
CLAIM TOTAL:	_____

NOTE TO DEALER: A COPY OF THIS CLAIM MUST BE RETURNED WITH DEFECTIVE PART IN 30 DAYS OR CLAIM WILL BE DENIED. RETURN PARTS TO: 1737 US HWY 76 , LITTLE MOUNTAIN, SC 29075. CLAIM MUST BE SIGNED BY DEALER REPRESENTATIVE CONFIRMING OWNERS CONSENT FOR REPAIR. MAXIMUM RATE PAID TO DEALERS WHO DO NOT MEET REQUIREMENTS FOR 100% REIMBURSEMENT WILL BE PAID AT \$ 40.00 PER HOUR.

X _____ DEALER'S SIGNATURE (REQUIRED)
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APPROVED	DENIED	PARTS RETURN REQUIRED : YES	NO
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PARTS SUPPLIED BY: DEALER () DISTRIBUTOR () MANUFACTURER ()

AUTH. LABOR RATE: _____ WCLAIM # _____

SOLD TO: CUST.# _____ SHIP TO: CUST.# _____ SHIPPING INSTRUCTIONS: GRD () NDA () 2 DAY SELECT () 3 DAY () COD ()

OTHER ()

TERMS: _____ DISCOUNT: _____

CRUSADER ORDER # _____