

Warranty Claim Form



Form must be filled out completely and in accordance with the BSPS Warranty Policy for claim to be processed.

Case Reference Number: _____ Today's Date: _____

SERVICE PROVIDER AND END USER INFORMATION					
Service Provider Information			Unit Location Information		
Company Name:			Company/Site Name:		
Street Address:			Street:		
City:	State:	Zip:	City:	State:	Zip:
Contact Person:			Contact Person:		
Phone Number:			Phone Number:		

PRODUCT INFORMATION	
Unit Model Number:	Date Unit Put Into Service:
Unit Serial Number:	Date of Complaint:
Hours of Operation:	Date of Repair:

NATURE OF THE PROBLEM
Complaint:
Cause:
Correction:
Prevention: (Do you have a suggestion that could prevent this problem in the future?)

PARTS USED TO MAKE THIS CORRECTION				
Return defective parts along with this form, if required. Do not send parts separately. Mark all packages with the claim number shown above.				
BSPS Item Number	Qty	Description	Cost Each	Line Total

Notes:
 Submitting a warranty claim form is NOT a guarantee of warranty coverage or reimbursement. All warranty claims are subject to review and adjustment in accordance with the Blue Star Power Systems, Inc. Warranty Policy. All warranty claims MUST be submitted within 60 days of the authorization date. Submit the original form and retain a copy for your records.

LABOR AND TRAVEL TO PERFORM THIS CORRECTION				
Note: All Labor and Travel Rates Must Be In Accordance With BSPS Warranty Rates and Policies				
Travel Expense (Mileage):	Miles	X	Rate	=
Travel Labor:	Hours	X	Rate	=
Site Labor:	Hours	X	Rate	=
Total Labor and Travel				

Shipping	
Total Parts	
Total Parts and Shipping	

CLAIM TOTAL