

Arctic Snow and Ice, Inc. 101 N. Euclid Ave. Bradley, IL 60915

## **Warranty Claim Repair Authorization**

FAX: (815) -939-1465

Date:	Mode	Model #:		Serial #:		
Purchase Da	te:	In Service Date:				
	ealer Name:					
Phone #:		FAX #:				
Parts Reque						
Part	Description	Qty	Cost	Extended	Approved	
Number				Cost	(yes or no)	
Reason For F	Replacement:					
:						

## **Labor Costs Reimbursement Request:**

Task Description	Hrs.	Rate	Extended Cost	Approval (yes or no)
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It is the Customer/Dealers responsibility to submit this form promptly for authorization of the above detailed warranty repairs and charges. Any charges incurred by the customer/dealer prior to authorization of repairs by an authorized company representative of Arctic Snow and Ice, Inc. will be at their own expense. Arctic Snow and Ice, Inc. will not reimburse the customer/dealer for any unapproved or unauthorized warranty repairs.

Customer/Dealer Signature:	Title:			
Date:				
Warranty Repairs Authorization				
	e been reviewed by an authorized representative oproved as noted below.			
Authorization Signature:	Company Title:			
Date:				