



WARRANTY CLAIM FORM

Dealer Name _____ Acct# _____

Address: _____

City: _____ State: _____ Zip: _____

Dealer Contact: _____

Phone: _____ Fax _____

Model: _____ S/N: _____ Hour meter: _____ Del. Date: _____

Mast Model: _____ S/N: _____ Engine Model: _____ Engine S/N: _____

Sales repair order#: _____ EKKO Authorization # _____

Date of Failure: _____ Date Completed: _____ Date of Claim: _____

Type of failure: _____

Resolved by: _____

Part Description	Ekko P/N	Quantity	List Price	Extension	Ekko Accepted
Master Code _____ Fail Code_____					
REQUIREMENT TO PROCESS ____Registration ____Customer Confirmation ____Vendor Invoice ____Completion of claim ____Data Tag Picture ____Pictures ____Parts					

Please provide carrier your account number for shipping _____

UPS , FedEx, USPS, DHL etc.

Please submit warranty claims to: support@ekkolifts.com