

PO#	

Dealer Name								Customer Name												
Address	5																			
City	State												Zip)						
Dealer (Contact	Info																		
Phone	Fax																			
Model				S/N						Hour Mete			er	er .			Del. Date			
Mast M	Mast Model			S	S/N					Engine Model						E	ingine :	S/N		
Sales Repair Order#								EKKO	Aut	:ho	riza	tion #								
Date of Failure					Da	Date Completed							Date of Claim							
Type of	Failure																			
Resolve	d By																			
Parts Description			1	EKKO P/N				Quar	ntity		List Pric			e Extension			n EKKO Accepted			
Master	Code		Fai	il Cod	е															
REQUIR	EMENT	TO PR	OCESS	j:																
Registration				Data Tag Pio																
Cust. Confirmation				Pict	ures															
Vendor Invoice			Parts																	
Completion of Claim			Miso	с.																
Please	e Provid (L	de your JPS, Fe					Shippir	ng:												