



# FASTFAX WARRANTY CLAIM APPLICATION

## 1-800-321-3797

ENGINE # _____
PCM CLAIM # _____

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:	
<b>CLAIM TOTAL:</b>	

**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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<b>APPROVED</b>	<b>DENIED</b>	<b>PARTS RETURN REQUIRED : YES    NO</b>
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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 ( )

**TERMS:** \_\_\_\_\_                      **DISCOUNT:** \_\_\_\_\_

**PCM ORDER #** \_\_\_\_\_

**OTHER ( )**