



# WARRANTY CLAIM FORM

**Danco Products**  
411 S. Cedar Lane  
Greencastle, PA 17225  
Phone (717) 597-7185  
Fax 717-597-7106

## INSTRUCTIONS

Complete **Part 1, 2, & 3 only** and fax to Danco Products. Danco will complete Part 3. Completing this form does not automatically guarantee warranty coverage by Danco Products. All Warranty Repairs must be approved Danco Products **BEFORE** the repairs are started, otherwise, the repairs are at the customer's expense.

**1** DATE: \_\_\_\_\_

DANCO BODY SERIAL # \_\_\_\_\_

### CUSTOMER INFORMATION:

COMPANY NAME \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

CONTACT PHONE # \_\_\_\_\_

### TRUCK (CHASIS) INFORMATION: (All Fields Required)

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_

MODEL \_\_\_\_\_

VIN \_\_\_\_\_

**2** **Warranty Complaint Description** (Be as descriptive as possible, including pictures. List all parts needed under warranty.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parts Needed:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **3** REPAIR FACILITY INFORMATION

- At Danco
- Repairing In-House
- Using the following Repair Facility (Fill out Repair Company information below)

COMPANY NAME \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

CONTACT PHONE # \_\_\_\_\_

### **4** DANCO OFFICE USE ONLY

#### WARRANTY AUTHORIZATION

Warranty Claim # \_\_\_\_\_

**Warranty Approved** (see amount below)

This warranty has been approved for the following:

Parts at \_\_\_\_\_ % coverage. Replacement Warranty Parts will be sent to you via regular ground shipment.

Labor at \_\_\_\_\_ % coverage, maximum \$ \_\_\_\_\_ per hour for \_\_\_\_\_ hours

**Warranty Denied** for the following reasons:

Warranty reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Danco QBR # \_\_\_\_\_