

Submit Form To:

Marilyn Immerfall
Warranty Administrator
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(715) 384-6255 Direct Phone



1505 S Central Ave
PO Box 189
Marshfield WI 54449
(800) 826-2308 Toll Free
(715) 387-2548 Fax

RGA #: _____

WARRANTY CLAIM CONSIDERATIONS

PLEASE COMPLETE THIS FORM AND RETURN WITH INVOICES AND DEFECTIVE PARTS

ALL REQUEST(S) MUST BE SENT TO V&H, INC WITHIN 30 DAYS OF REPAIR

1. MFR AND MODEL _____

2. SERIAL NUMBER OF EQUIPMENT _____

3. DATE UNIT PUT INTO SERVICE _____ MILEAGE _____

4. HOURS ON EQUIPMENT UNIT WITH HOUR METERS _____

5. INVOICES: LABOR AND PARTS ATTACHED _____

6. DATE OF FAILURE _____

7. CAUSE OF FAILURE _____

8. COMPLETE DESCRIPTION OF REPAIRS PERFORMED:
INCLUDING SHOP RATE AND **LABOR BREAKDOWN PER CONCERN**

9. CUSTOMER NAME _____

10. ADDRESS _____

11. PHONE # _____ FAX # _____

12. CONTACT PERSON _____

13. REPAIR SHOP _____

14. ADDRESS _____

15. PHONE # _____ FAX # _____

16. CONTACT PERSON _____