BRIDGEVIEW MANUFACTURING INC.

BOX 4, HWY 22 WEST
GERALD, SASKATCHEWAN
CANADA S0A 1B0
GST# 100645472RT0001

PH:306-745-2711 FAX:306-745-3364

WARRANTY CLAIM

Nº

DEALER:		CUSTOMER:		
LOCATION:		ADDRESS:		
S/N:	MODEL:	TOWN/CITY	PROVINCE	POSTAL CODE

DELIVERY DATE			REPAIR DATE			CLAIM DATE		
MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR

CREDIT TYPE (Please check one)	Machine Warranty ❑	Shortage ❑	Parts Warranty ❑	Dealer W.O. #

FAILURE A,B,C, ETC.	QTY	PART NUMBER	DESCRIPTION	PARTS DLR. NET X QTY.	LABOUR HRS. X RATE	TOTAL REQUESTED (EACH FAILURE)
MUST ATTACH **!!CUSTOMER SIGNED!!** *COMPLETED WORK ORDER*				TOTAL PARTS	TOTAL LABOUR	TOTAL CLAIM $

DEALER COMMENTS: FAILURE CAUSE AND REPAIR (FAILURE A,B,C, ETC.)

OFFICE USE ONLY		DEALER SIGNATURE		
FAILURE A,B,C, ETC.	REASON FOR ADJUSTMENT TO REQUEST	PARTS DLR. NET X QTY.	LABOUR HRS. X RATE	TOTAL REQUESTED (EACH FAILURE)

BMI COMMENTS:	TOTAL PARTS:	TOTAL LABOUR:	GST:
			TOTAL CLAIM $:

		M	D	Y
	BMI REP.:			
	CREDIT APPROVED BY:			
	CREDIT MEMO #:			

WHITE - ORIGINAL CREDIT; **CANARY** - OFFICE COPY 1; **PINK** - OFFICE COPY 2 ; **GOLDENROD** - DEALER COPY

IMPORTANT PLEASE READ: FORM WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS SUPPLIED BY DEALER
WARRANTY CREDIT WILL NOT BE ISSUED IF REQUESTED PARTS ARE NOT RETURNED PREPAID