

# International Warranty / Information Request



Distributor Account Number\*:

Date\*:

Distributor Name:

Street Address:

City:

Country:

Phone/Fax Number:

Rotary Invoice Number\*:

Rotary Invoice Date:

Date lift Installed\*:

Installation location Name:

Address:

City:

Country:

**Model Number\*:**

**Serial Number\*:**

Description of concern\*:

(If additional space required, please use separate sheet, please provide photographs and or video)

**Part numbers and quantities required for repair\*:**

Submitted by:

NAME\*:

DATE\*:

EMAIL

ADDRESS\*:

SIGNATURE\*:

VSG Only

Priority of claim:      High      Normal      Low

Claim Approved:      Yes      No

Customer Advised of action taken:      Yes      No

Approved By:

Date:

Signature: